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THE HISTORY OF MEDICINE
IN RUTHERFORD COUNTY,
TENNESSEE

PART I

by

ROBERT G. RANSOM, M.D.

Dedicated to all the physicians
who have lived these scenes, and
to those of the future who will
create theirs

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PREFACE

In the course of the research on this historical project, I have drawn certain conclusions and made certain assumptions which I deem to be logical and plausible explanations of the data at hand. The information has been gathered from multiple sources. Prominent in the research have been the material obtained at the Tennessee State Library and Archives, Nashville, Tennessee, Vanderbilt University School of Medicine library, Nashville, Tennessee; Meharry Medical School library and archives, Nashville, Tennessee; Middle Tennessee State University library, Murfreesboro, Tennessee; Linebaugh library, Murfreesboro, Tennessee; and the Filson Club library, Louisville, Kentucky. Additionally, much valuable information has been obtained from members of physicians' families through correspondence, telephone conversations, and personal interviews. The assimilation of this material has not been an easy task; I consider the conclusions to be reasonable based upon the extensive analysis of the data obtained, although occasional errors may be discerned in the findings.

The history will be presented in five parts. Part I will be an introduction and overview of the history of medicine in the county; Part II is a collection of

biographies of nineteenth century physicians who practiced here; Part III is a collection of biographies of twentieth century physicians who practiced or are practicing here; Part IV is a history of Rutherford Hospital (now the Middle Tennessee Medical Center); and Part V is a history of the Rutherford County Health Department.

The subject of medical history is intensely interesting and stimulating. Like all research projects it seems a continuous and never ending task and can frequently be a lifetime involvement. I recognize that my effort on this subject is at best an imperfect outline of the medical history of Rutherford County. However, I present this research to all those interested in history with the hope that it will prove interesting to the present and future generations, and especially to those who have direct or indirect involvement in the medical history of this area that it may help to preserve to their posterity information regarding that involvement.

Robert G. Ransom, M. D.
Murfreesboro, Tennessee
October, 1984

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To list individually all who have helped or encouraged me in this research would require pages. Many have been of invaluable assistance, but some are preeminent.

I am grateful to Dr. Robert Jones of the history department at Middle Tennessee State University for his helpful suggestions and encouragement.

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Many physicians' family members have given their time unselfishly in correspondence, telephone conversations and personal interviews.

Many busy physicians were interviewed to "tap their memory bank." They granted time unhurriedly for this project and encouraged me along the way.

I have received many photographs through the courtesy of physicians and descendants of physicians which were earmarked for use in the final manuscripts. I thank each of them.

The libraries used in the research were very generous with their help and suggestions. Those with restricted archival and historical sections welcomed my project and granted me unhindered access to their priceless and irreplaceable material.

My thanks to each publisher or copyright holder who gave me permission to quote or reproduce their copyrighted material.

Mrs. John Q. Wade offered many helpful suggestions during the organization of the manuscript, and typed the final manuscript with her usual professional skill. A special acknowledgment and thanks is extended to her.

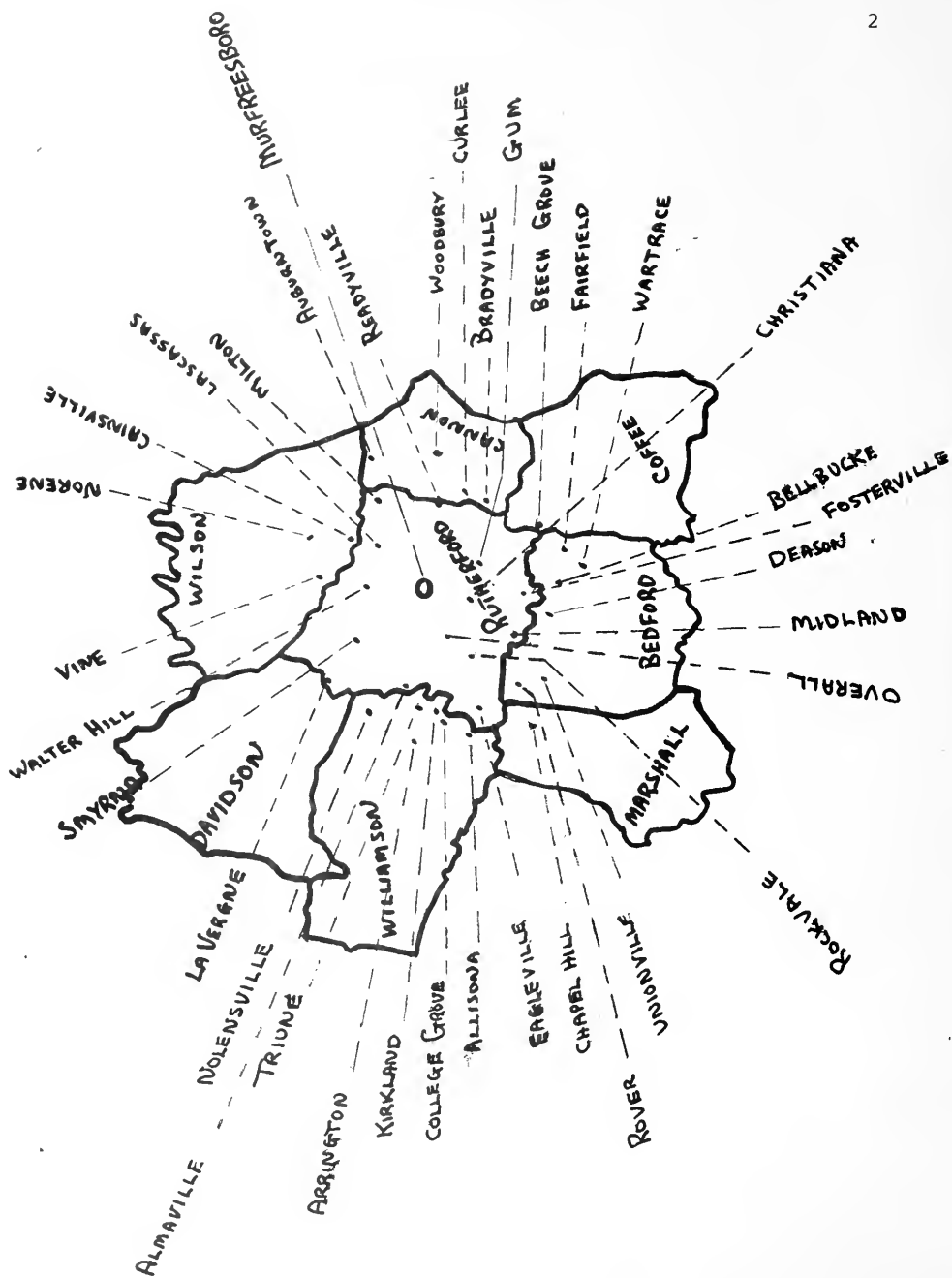
Throughout all the traveling, interviewing, corresponding, and researching among the various "medical folk," I have only encountered cooperation, interest, encouragement, and kindness. Their enthusiasm made this work much easier.

Finally, I would like to thank my wife, Margaret. Her hours of assistance in reading microfilm, typing, and proofreading, as well as her understanding and encouragement, were invaluable.

INTRODUCTION

The physicians who figure historically in the practice of medicine in Rutherford County include not only those who practiced in Murfreesboro, but also those who practiced in the outlying rural communities. Such a list must also include the physicians in the neighboring communities of our sister counties; Cannon, Coffee, Bedford, Marshall, Williamson, Davidson, and Wilson. The physicians who practiced in such neighboring communities to Rutherford County maintained practices which encompassed both counties. Such communities include Cainsville, Norene, Vine, and Vesta of Wilson County; Unionville, Rover, Deason, Bellbuckle, Wartrace, and Fairfield of Bedford County; Beech Grove, Gossburg, and Noah of Coffee County; Allisona, College Grove, Kirkland, Triune, and Nolensville of Williamson County; Chapel Hill and Holtland of Marshall County; Auburntown, Bradyville, Woodbury, Curlee, Porterfield, and Readyville in Cannon County; Oneyville, Treppardsville, Kimbro, and Antioch in Davidson County (Figure 1).

At the inception of Rutherford County in 1803, few doctors were in the area. And the few who were resident did not depend on medicine for their living. Few, if any, could make a living practicing medicine alone. Too, the



area was pioneer and primitive, sparsely settled, hardly an area for a flourishing medical practice. Medical practice was usually combined with another occupation such as farming, storekeeping, preaching, teaching, and other forms of endeavor. The economy was agrarian; as the century progressed more physicians were found in small country communities. During the late nineteenth century, virtually every rural community in Rutherford County had one or more doctors. With the advent of industry and improved transportation, the economy became less agrarian and more concentrated in the towns and cities with the resulting migration of physicians away from the rural communities to the more urban. With these gradual changes, the physician's medical practice increased and he became a man of medicine full time. Too, the improvements in medical knowledge improved medical practice. X-rays, laboratory testing became available, hospitals built, all concentrating medical practice in the town or city. The horse and buggy passed into oblivion in favor of the automobile. Home calls faded away in favor of medical office or medical center care. Let us not yearn for the old, but appreciate the new. But let us not forget the old. Much of that which is learned today, in its broad aspects, is understandable only when superimposed upon a historical

background. "The longer you look back, the further you can look forward," said Mr. Winston Churchill, when addressing the Royal College of Physicians in March, 1944.

CHAPTER I

STATE OF THE MEDICAL ART 1803-1860

There was no such thing as a "licensed physician" in Rutherford County in 1803. There was no law in Tennessee which required a practitioner of medicine to be licensed. Anyone, regardless of training, could profess to be a healer and practice unhindered if he so desired. Those who were legitimate practitioners of medicine possessed a knowledge of the medical arts. Most were trained by apprenticeship, usually two to four years, to a physician who most often was himself apprentice-trained.

Under this arrangement the preceptor provided his student with practical experience and such theoretical knowledge as he possessed, and in return the student assisted his preceptor in practice, performed various chores, and paid him a fee. Whether the student was well or poorly trained depended on the ability, knowledge, and conscientiousness of his preceptor.¹

Apprenticeship, then, was the traditional mode of medical education that carried over to the frontier.

At the time of the American Revolution it was estimated that only 400 of approximately 3500 colonial practitioners held the M. D. degree.² Prior to the

¹John H. Ellis, Medicine in Kentucky (Lexington, Ky.: The University Press of Kentucky, 1977), p. 3.

²Highlights of 200 Years of American Medicine--No. 1, prepared by the American Medical Association, Journal of the Tennessee Medical Association, V. 69, No. 3 (1976), 210.

Revolution a few sons of wealthy parents went abroad for formal medical education in the European centers of London and Edinburgh. After the Revolution the political climate with England was hardly receptive for our students to train in their universities, even if students from this new, poor and struggling nation could afford a foreign education. So apprenticeship was virtually all that was available to a young aspiring student of medicine.

Most of the few physicians, prior to the Revolution, who possessed their M. D. were trained at the University of Edinburgh. Benjamin Rush and John Morgan were both Edinburgh trained physicians under the great William Cullen. In 1765 John Morgan established the first American medical school, as an adjunct to the College of Philadelphia.

By requiring preliminary education for admission to what became known as the Medical Department of the University of Pennsylvania, Morgan intended to elevate the social and professional standing of the physician. His overall plan for the school was almost immediately successful, and within a³ few years, he assembled a full medical faculty.

Benjamin Rush (famous as a patriot and signer of the Declaration of Independence) joined the faculty. The influence of the University of Pennsylvania and its eminent and forceful teachers was profound and of long duration.

³Ellis, p. 6.

King's College was founded in New York in 1768, Harvard in 1783, Dartmouth in 1797, and the University of Maryland in 1807, but the University of Pennsylvania was far ahead of these in training new physicians.

There was no university west of the mountains in 1803. Transylvania University Medical School was founded in Lexington, Kentucky in 1817. The University of Louisville Medical Department was founded in 1837. The University of Nashville Medical Department did not open until 1851. Many of the apprentice trained physicians, at least those who were aspiring, hoped to obtain formal medical education and an M. D. degree. Many of them were eventually able to save the necessary money to travel to the University of Pennsylvania, University of Maryland, Transylvania University, or the University of Louisville. With two years apprenticeship the physician could enroll at a medical college and take two years of course work of from four to seven months per year, depending on the school curriculum, and after two years of such work, obtain an M. D. degree.

The preeminent medical school at that time certainly was the University of Pennsylvania and the preeminent professor and force at the University of Pennsylvania was Dr. Benjamin Rush. Therefore, American medical practice in the late eighteenth and early nineteenth centuries was

dominated by the precepts and teachings of Benjamin Rush. This man was intelligent, he was active in politics, he was a signer of the Declaration of Independence, an ardent patriot, active in public affairs. His energy seemed boundless. He was a prolific medical writer and some of his treatises are classics today. His monograph on insanity was ahead of its time. Fielding Garrison, the medical historian, characterized Rush as

a man of highly original mind, well read, well trained in his profession, an attractive, straight forward teacher--sometimes wrong-headed as well as strong-headed.⁴

Rush taught that

disease, particularly disease manifested by fever, was due to the accumulation of a bodily poison that exerted its harmful effect by causing a nervous constriction of the vessels and to bring about a relaxation of the nervous excitement. Elimination was promoted by bleeding, administering drugs to induce vomiting, purging, sweating, and salivation, by drawing the poison to the surface by cupping (applying suction cups) and by blistering the skin. Calomel was sometimes given in such large doses that it caused the hair and the teeth to fall out. Rush cautioned his students that in blood-letting nothing could be worse than timidity, saying that it was frequently desirable to bleed a patient to the point of unconsciousness. Even in his obstetrical practice, Rush bled his patients, 30 ounces at the

⁴Fielding Garrison, History of Medicine (Philadelphia, Pa.: W. B. Saunders Co., 1929), p. 379.

beginning of labor, and at the same time, administering purgatives.⁵

Bleeding was produced by an operation which consisted in making an opening into a vessel to draw blood from it. When practiced on an artery, it was called arteriotomy. When practiced on a vein, it was termed phlebotomy or venesection. The process of bleeding is referred to sometimes as blood-letting, venesection, arteriotomy, or wet-cupping. Blood-letting was used in the nineteenth century, both during the existence of a disease and in the prevention of disease. It was employed to fulfill various indications among which were (1) to diminish the actual mass of blood, (2) to diminish the consistence of the blood. The immediate effects of blood-letting were diminution of the mass of blood and of heat, retardation of the pulse and sometimes syncope. Blood-letting from the veins (venesection or phlebotomy) was practiced on the subcutaneous veins of the neck, the face, the forearm, the leg, sometimes on those of the hand or foot. The necessary apparatus consisted of a bandage or riband, a compress of rag, and a lancet. The operation of phlebotomy in the limbs was performed by tying a circular bandage around the limb, acting as a tourniquet. A puncture was then made into the vein and the desired

⁵James Bordley III, M. D., and A. McGehee Harvey, M. D., Two Centuries of American Medicine 1776-1976 (Philadelphia, Pa.: W. B. Saunders Co., 1976), pp. 34-35.

quantity allowed to flow. The ligature was then removed and a compress and retaining bandage applied. Capillary or local blood-letting was also practiced on the skin or mucous membranes by means of leeches, the lancet or cupping. Cupping is a type of blood letting performed by a scarificator and a glass called a cupping glass. The lancets are placed in such a manner in the scarificator that when it is applied upon the affected part, the whole are by means of a spring, pushed suddenly into it. After scarification the cupping glass which has been previously exhausted by heat or by an exhausting syringe is then applied. The pressure of the air within the glass, being thus diminished, allows the necessary quantity of blood to be drawn. The latter procedure is referred to as wet-cupping. Dry-cupping is the application of the glasses without previous scarification. Dry-cupping was used to prevent the activity of absorption from any wounded part. Occasionally it was used to excite suppuration in abscesses and to remove pus when an abscess was opened. Cupping, taken without any epithet means the abstraction of blood by means of the scarificator and cups.

Blisters were often used as a counter-irritant. The physicians felt that by exciting a disease artificially on the surface, he could often remove the effect of a disease

which might be, at the time, existing internally. The blisters were accomplished by applying irritants to the skin such as cantharides, mustard, euphorbium, garlic and ammonia. It was simply raising a blister on the skin by applying irritating chemicals. The physicians thought the fluid in the vesicles was drawing out the various "poisons" within.

Emetics were felt to be valuable agents in disease. They were substances capable of producing vomiting. The physicians felt that there was a "sympathy" between the stomach and other parts of the body which was very extensive; therefore they used emetics to "help" other organs in disease. The chief emetics used were antimony and potassium tartrate, copper acetate, copper sulfate, ipecac, lobelia, and zinc sulfate. Purgatives were used to keep the bowels opened, from mild purgation to intense purgation, depending on the opinion of the physician as to how vigorous he must expel the "poison." Calomel was a standard item. This is mercuric chloride and was used as a cathartic and diuretic. They liked to use calomel because it kept the kidneys opened as well as the bowels and they would frequently use it to the point of toxicity which would be measured by the degree of ptyalism (salivation). When the patient receiving calomel starting salivating a

great deal, the dosage was usually reduced. The calomel also produced swelling of the gums and frequently looseness of the teeth. Other purgatives frequently used were senna, castor oil, aloe, jalap, magnesia. The specific agent or purgation was chosen relative to the desired amount of purgation, some being mild, others intermediate, others strong.

A sinapism was a type of poultice or cataplasm of which mustard formed the basis which was used for exciting redness and acting as a counter irritant. It was prepared by mixing flour of mustard and vinegar together to the due consistency. It was applied to the soles of the feet of patients in coma or on any patient who was exceptionally sick or delirious and it was also used on the painful parts in rheumatism.

Some of Rush's contemporaries did not agree with his system of medicine and believed that his bleeding and purging were excessive but he was such a reknown patriot, such a forceful and energetic person, such a prolific writer, such a dogmatist, and he had such a large following among those who had attended his lectures at the Medical College and elsewhere, that his influence was widespread and long lasting. Rush's methods continued to be practiced with some modifications for several decades after his

death. The erosion of his system, which came about slowly, was attributable to several factors. More students were beginning to study in European centers and were learning to distrust dogmatism. They brought back fresh new ideas about how one disease could be distinguished from another. A spirit of critical inquiry was beginning to replace blind reliance on authority. Many physicians began to realize that some diseases were self-limiting and would run their course and subside without the benefit of a physician. Also, public antagonism toward the harsh therapy of the Rush School made many people reject orthodox physicians and turn to quacks and cultists who employed gentler remedies. This competition from irregular practitioners forced the profession to examine more critically the rationale of its therapeutic measures.

Independent minds were beginning to doubt the efficacy of bleeding as it was practiced and to collect statistical evidence to determine the question. Skoda in Vienna gave a series of pneumonia cases no treatment at all and got results as good or better than those who were treated with bleeding. Louis in Paris claimed that the influence of bleeding in pneumonia was much less than was supposed. He studied about 2000 cases and had many post-mortems. He applied statistical analysis to his patients comparing the

effects of treatment by venesection and treatment without venesection. He found that there was no statistical difference in morbidity or mortality. He made a similar extensive study in typhoid fever and he proved the value of statistics in medical work.

We wonder today how people had the fortitude to call a doctor knowing that they would have to submit to the harsh treatment employed by Rush and his many followers. They did so because of the high mortality rate of the diseases then prevalent, because the practices were advocated by Rush, and because it was commonly believed that without medical intervention the natural outcome of disease was death.

The medical problems which physicians faced in 1803 were much different from those of today.

Infectious diseases were paramount. The death rate among children was appalling. To be convinced of this, one has only to walk through a cemetery of the mid-nineteenth century and note the graves of those who died before reaching their tenth year.⁶

Cholera, yellow fever, influenza, pneumonia, diphtheria, measles, scarlet fever, typhoid, typhus, diarrheal diseases, tuberculosis accounted for many of the deaths of all age groups.

⁶Bordley and Harvey, p. 31.

Some of these infectious diseases occurred in epidemics, notably cholera, diphtheria, typhus, typhoid fever, yellow fever, and small pox. The great epidemics of the nineteenth century were,

to the people of those days, as mysterious as they were terrifying. They came stealthily, spread relentlessly, and killed without respect for age or rank. It must have been obvious to intelligent people that the doctors knew neither how to prevent disease nor how to cure it. The best medical advice was to flee the affected area with all possible haste, and this practice was followed by most of those possessing the means to do so. The sense of helplessness was of course due to ignorance about the cause of the disease and about how it was spread; the terror of confronting a remorseless, invisible enemy.⁷

Syphilis was not uncommon, but the mortality from this disease is obscure, since the more serious late manifestations were not then recognized. Streptococcal infections in the form of erysipelas, scarlet fever and childbed fever were common. Though nothing is known about the incidence of streptococcal and pneumococcal infections of the respiratory tract, it may be presumed that it was high. Malaria was prevalent in the southern states and frequently had serious consequences in spite of the availability of quinine.

Since the causes of infectious diseases were not known and since it was difficult to distinguish one from another, these diseases were treated in a more or less similar manner. There is little doubt that in many cases the treatment did more harm than good.⁸

In spite of the limitations, the nineteenth century saw the profession gradually improving its knowledge in

⁷Bordley and Harvey, p. 31.

⁸Bordley and Harvey, p. 34.

breadth. Certain objective features of disease were known, the art of careful observation has been cultivated, many empirical remedies had been discovered, the courser structure of man's body had been well worked out, and a good beginning had been made in the knowledge of how the machinery worked. But what disease really was, where it was, how it was caused, had not even begun to be discussed intelligently.

Empirical discoveries of helpful medications included quinine for fever and malaria, digitalis for heart failure, colchicine for gout, and opiates for pain. Smallpox vaccine became available about 1800.

Most of the major medical discoveries in the nineteenth century were being made in Europe but outstanding discoveries were made in this country as well. John C. Otto of Philadelphia in 1803 wrote the first account of hemophilia in which he described an investigation of a family of "bleeders." In 1807 John Starns, of Saratoga County, New York was the first to publish an account of the physiological effects of ergot in which he reported both its ability to stimulate and strengthen uterine contractions and its power to constrict small blood vessels. He explained how ergot could be utilized to speed up childbirth and to control postpartum hemorrhage. His

observations were soon confirmed by others, and, within a short time, ergot was recognized as a valuable drug available to obstetricians. Ephraim McDowell, a frontier physician of Danville, Kentucky, was the first in the world to succeed in removing a diseased ovary in 1809, a remarkable achievement in the early days of the nineteenth century. In 1811 Elisha North of New London, Connecticut, wrote a treatise on a malignant epidemic, commonly called spotted fever. This work, based on personal observations of more than two hundred patients in a single epidemic, gave the first adequate description of cerebral spinal fever (meningitis). North was among the first to emphasize the importance of the clinical thermometer for the study of fever. Laennec laid the foundation of modern clinical medicine with his discovery of auscultation and the publication of his work on auscultation in 1819. His development of the stethoscope ushered in the era of physical diagnosis. Laennec's book⁹ is among the eight or ten greatest contributions to the science of medicine. In 1831 chloroform was discovered by Samuel Guthrie, a chemist. It was not until 1847 that its anesthetic qualities were

⁹R. T. H. Laennec, M. D., A Treatise on the Diseases of the Chest (London: T. and G. Underwood, 1821).

recognized and put to use by James Simpson, Professor of obstetrics at Edinburgh. William Beaumont made a great contribution by his experiments on the physiology of digestion. He published his classical work in 1833. Richard Bright in 1836 opened a new chapter on the relation of disease of the kidney to dropsy. Daniel Drake in 1840 was the first to write a clinical description of "milk sickness." During the first half of the eighteenth century this disease caused many deaths and much serious illness among the frontiersmen of the middle west and actually delayed the settlement of that area. A discovery of supreme importance occurred at Massachusetts General Hospital, October 16, 1846. On that day, William T. Morton, in a public operating room, rendered a patient insensible with ether and demonstrated the utility of surgical anesthesia. The occasion was one of the most memorable in the history of medicine. In 1850 Henry Bowditch of Boston introduced thoracentesis, drawing off accumulation of fluid in the chest. William Reid of Rochester, New York, in a series of observations and experiments reported in 1851 and 1855, laid down the principals for the reduction of dislocation by simple manipulation. His methods were quickly accepted and won for him an international reputation. The publication in 1858 of the research of Virchow on cellular

pathology removed the seats of disease from the tissues to the individual elements, the cells.

Although the American discoveries and innovations cited contributed to the progress of medicine, these were not a part of a broad plan and did not result in the creation of a foundation upon which a scientific structure could be erected.

Therefore, this was in sharp contrast with the consistent and progressive development of clinical diagnosis and physiology in France, and of cellular pathology, biochemistry, and physiology in Germany. The Europeans were creating a firm base for modern medical science, while the American contributions (anesthesia excepted) did no more than fill in largely by chance, a few gaps in the rising structure.

We must remember that the physicians of earlier times were practicing within the framework of medical knowledge as it was known at that time.

When we reflect that physicians of earlier times saw the same diseases as we see, were possessed of the same five senses, were equally earnest and conscientious, and that about the same proportion then as now were endowed with common sense, it does not seem reasonable to look upon them as being so incompetent and impractical as often we are disposed to do.

We have the advantage of living in a period when research into the material world has made trite for us knowledge which was hidden from them. For

making our observations we have numerous instruments of precision whereas they had to depend on judgment alone.

Then, as now, speculation and hypothesis supplemented exact knowledge.

Hypotheses are useful but it is important not to accept them as demonstrated facts. There is little doubt that some of the hypotheses accepted today will seem very absurd to the science of the future. The fact that a man has adhered to an erroneous hypothesis by no means convicts him of being incompetent.¹⁰

¹⁰B. M. Randolph, M. D., "The Blood Letting Controversy in the Nineteenth Century," Annals of Medical History, V. 7 (1935), 177.

CHAPTER II

MEDICAL PRACTICE IN RUTHERFORD COUNTY 1803-1860

When Rutherford County was founded in 1803, appropriately educated physicians were a rarity, but the stock of people who moved into this area were a pioneer breed and perfectly willing to take their chances by acting as their own physician. They exchanged medical recipes just as they exchanged kitchen recipes. They had a recipe for virtually every symptom one can imagine. Some were helpful, some were not. When one was found to give beneficial results, it was shared with neighbors all around, for the pioneer spirit dictated that each must help the other.

Most of the families, who were moving west at the turn of the nineteenth century, possessed a medical book which gave advice on almost every medical problem. As they pushed farther west into the wilderness, medical care simply was not available. They acted as their own practitioners using such books as a guide. These books occasionally were written by physicians and occasionally they were written by quacks. One of the well known books used in this area was Gunn's Domestic Medicine. The book discussed in plain language the diseases of men, women and children and it contained descriptions of the medical

roots and herbs of the western and southern country and how they were to be used in the cure of diseases. The latter book was one of the better written books for this purpose.

Much superstition pervaded the populace about medical illnesses. Many carried a buckeye in their pocket to ward off rheumatism. Many would wear a bag of asafetida attached to a string about the neck. The asafetida supposedly protected against infectious diseases. They would frequently use asafetida hung around a baby's neck to protect the baby from infectious disease. A bag supposedly protected the baby for six months. A man was hanged in Murfreesboro in 1813. The rope used for the execution was cut up and the small pieces passed out to the spectators as talismans against human ills.¹ More logically, the people kept on hand a variety of medications and herbs with which they would prepare various teas, salves, and poultices according to medical recipes collected by the family over the years. The people frequently depended more on their medical recipes than on trained doctors. There were also people roaming all over the area with absolutely no training in science, pushing themselves

¹Carlton C. Sims, Editor, A History of Rutherford County (Murfreesboro, TN.: Reprinted by Rutherford County Historical Society, 1981), p. 130.

upon the public as cancer doctors, arthritis doctors, and herb doctors, all sorts of quackery. There was no legal regulation of any kind to prevent the business of charlatans and quacks.

Surgery was limited to opening abscesses, removing foreign bodies, setting fractures, closing cuts. Surgery was still in a primitive state. They knew nothing about the necessity for cleanliness in surgery. Infections were devastating. It was not unusual for the surgeon with unwashed hands to suture while he held the scalpel in his teeth, frequently keeping the needles and thread fastened to his coat lapel. The germ theory was not to be discovered until the late nineteenth century.

The earliest physicians in this county were Doctors T. Vernon about 1803, James Loudon Armstrong 1809, William Ward 1811, Swepson Sims 1811, John Nash Reid 1810, James Roane about 1812, Wilson Yandell, W. E. Butler, W. T. Henderson, and Elisha B. Clark 1816-17. The dates are approximate. These doctors were all trained under the apprenticeship. Dr. Wilson Yandell was particularly well trained and had three sons who became physicians. Then, in the 1820s and early 1830s, included Dr. James Maney, Frederick Edward Becton, Isaac C. Brown, Alfred Hartwell, P. H. Mitchell, Patrick D. Neilson, George

Thompson, Henry Holmes Treadway, Samuel Watkins, John Robertson Wilson, Lunsford Pitts Yandell, and Benjamin Avent. Doctors Armstrong, Sims, and Wilson Yandell were still practicing also.

The early medical practice in Rutherford County could be typified by a letter Dr. James Roane wrote to a friend who was caring for his cousin in Virginia. The letter was written in 1817 and he stated that from the description the friend had given, his cousin's complaint was probably "rheumatic" and he recommended that the friend take about a half pint of blood and use a purgative in preparation for the following: dissolve one ounce of soda in a pint of strong decoction of seneka snake root and take two tablespoons, evening and morning in water or in some pleasant tea. He also advised wearing a warm plaster between the shoulders.² A part of every therapy for virtually every disease was blood letting and purgatives and emetics to rid the body of "poisons."

Dr. Lunsford Pitts Yandell, who started practicing in Murfreesboro in 1826, wrote several papers which were published in the Transylvania Journal of Medicine. A

²Letter from Dr. James Roane to David Campbell, Abbdington, VA., Journal of the Tennessee Medical Association, V. 75 (March, 1982), 225.

paper entitled "A Case of Purpura Haemorrhagica" was published in 1828.³ The patient had pleurisy and pneumonia symptoms. Dr. Yandell used venesection (blood-letting), cathartics, and nauseating doses of antimony. It was found necessary to repeat the bleeding more than once and calomel in 10 grain doses was given for several nights in succession followed by saline purgatives the next day. He also used blisters and diaphoretic drugs. In due time the patient developed severe diarrhea and opium was resorted to. Later the patient began to show signs of capillary hemorrhage from the mouth, ears and nostrils. At that time they administered sulphuric acid and a gargle made of borax. In a few days the patient rallied and convalesced. Dr. Yandell attributed the bleeding to the use of calomel. Dr. Yandell referred in his paper to Laennec--referring to Laennec's observation in pneumonia with the cylinder (early stethoscope) and the percussion findings in the chest. Dr. Yandell also wrote a paper on milk sickness which was published in the Transylvania Journal of Medicine in 1828.⁴ He described the symptoms

³Lunsford P. Yandell, M. D., "A Case of Purpura Hemorrhagica with Observations," Transylvania Journal of Medicine and the Associate Sciences, V. 1 (1828), 237.

⁴Lunsford P. Yandell, M. D., "An Essay on Milk-sickness," Transylvania Journal of Medicine and Associate Sciences, V. 1 (1828), 309.

very clearly and stated that venesection was not a valuable remedy for this particular entity, that cathartics were deemed to be the most practical, calomel to be preferred. He stated that the bowels must be kept soluble with castor oil, salts or senna until complete health is restored. He also advised blisters to the abdomen, especially if the bleeding and the calomel had not allayed the vomiting. He emphasized that it was frequently necessary to cover the abdomen with blisters. On the whole, he stated that he would rely mainly on venesection, mercury, epispastics and effusions of cold water upon the extremities. In the last part of the paper, he described the post mortum examination of several cases, giving the pathological findings.

The doctors believed that the decomposition of plant and animal matter poisoned the air with "marsh miasmata" giving rise to disease. The plant decomposition was always best effected during the presence of warmth and moisture which the physicians felt created rotted vegetable matter which in turn contaminated people with various forms of bilious disease, and they felt it was especially true of areas which were frequently flooded by creeks, streams, and rivers which laid down further deposits of decomposing matter. Of course, their observations of topography were

at least partially correct, because in flooding these areas, sewage contaminated the marshy areas and the water supply was contaminated, therefore resulting in disease. But these people did not know of the relationship of sanitation to disease.

Dr. Samuel Hogg, who practiced mostly in Wilson County, but who later bought a farm near Smyrna and practiced in Rutherford County, wrote a letter to Dr. Samuel Brown in which he discussed the history of the autumnal fever of the year 1822 as it appeared in Wilson County, which undoubtedly appeared in Rutherford County as well. An epidemic prevailed that year, during the summer and fall. The disease commenced in most cases with a chill, pains in the extremities, soreness of all the muscles, nausea, diarrhea, and pain in the area of the liver. He stated that the skin was sometimes yellow. He described the symptoms in minute detail. The patients were treated with bleeding, cathartics, emetics, and the "bark" (refers to the cinchona bark or similar quinine containing bark). He used blisters to the region of the stomach or liver, calomel was used freely, and opium to induce rest. His letter was published by Dr. Samuel

Brown in the Western Journal of Medical and Physical Sciences.⁵

Murfreesboro was the capital of Tennessee from 1819 to 1826, a fact which undoubtedly influenced the influx of talented and educated people. We were fortunate to have in that period of our history a group of physicians who were intelligent, honest and well-educated for their day. It was they who began a movement to organize a state medical society to improve the practice of medicine in the state. It was their purpose to federate and bring into one compact organization the entire medical profession in the state of Tennessee and to unite with similar associations in other states with a view to the extension of medical knowledge and to the advancement of medical science. The movement started in this county by a meeting of interested physicians in 1829. We're not sure who these physicians were but it stands to reason that included in the group were the charter members from Rutherford County in the state medical association: Doctors James Maney, William R. Rucker, Lunsford Pitts Vandell, Frederick E. Becton, and Samuel Watkins. There were also undoubtedly other interested

⁵Samuel Hogg, "A History of the Autumnal Fever of the Year 1822," Western Journal of the Medical and Physical Sciences, V. 2 (February, 1828).

physicians, probably from Davidson County and Wilson County. It was entirely possible, although we do not know, that this meeting was held at Oaklands, since Dr. James Maney was one of the charter members of the Tennessee State Medical Association. As a result of this meeting, these doctors petitioned the legislature to incorporate a medical society and it passed both houses to become law on January 9, 1830. The act empowered the society to elect a board of censors to issue or to refuse a license to practice medicine in the state. These board members would examine any prospective applicant and decide whether or not he was sufficiently trained to practice medicine. The act did not require, however, that no one could practice medicine in the state of Tennessee without a license. That was a fatal omission and was not to be rectified until almost sixty years later in 1889. So, even though the organization of a society was a step in the right direction, there was no teeth in the legislation to control the practice of medicine in the state and during that period of time, the state continued to be a haven for all manner of quacks and charlatans. The society repeatedly petitioned the legislature, unsuccessfully over many years, to amend the act of incorporation

to require practitioners to be licensed. The society was accused, on the other hand, of being self-serving in its desire to control the practice of medicine. The public's level of sophistication in such matters was such that it mattered little to them whether a doctor was licensed or not. Therefore, only a handful of Tennessee doctors traveled the necessary horseback miles to be examined by the society censors and become licensed. The society persisted in its efforts and finally won the legislature's cooperation. In 1889, the legislature passed a law which required all practitioners of medicine to be licensed.

At the organizational meeting of the new state medical association, Dr. James Roane, son of Governor Archibald Roane, was chosen the first president of the Medical Society of Tennessee and this gentleman practiced in Murfreesboro for four years before he moved to Nashville. Dr. Lunsford Pitts Yandell was elected the first corresponding secretary of the state medical association and he was a practitioner in Murfreesboro from 1826 to 1831. On the first board of censors was Dr. James Maney. Doctors Frederick Becton and Lunsford Pitts Yandell were on the committee charged to prepare and present a code of medical ethics for the government of the members of the society. At the first meeting of the

society, Dr. Roane, the president, appointed three individuals of the society to read essays at the next annual meeting in 1831. Of these three, Dr. Becton of Murfreesboro was appointed to read an essay on medical topography of disease in Rutherford County. The new members from Rutherford County elected at the first meeting were Doctors Alfred Hartwell, George Thompson, John R. Wilson, Henry Holmes Treadway, William D. Gowen, Henry Holmes, P. H. Mitchell, William M. Yandell, John Claiborne Gooch, William L. Thompson, Thomas H. Read, and Lafayette Ezell. Our physicians contributed admirably to the development and organization of medicine in this state from the outset and to medical education.

Dr. Lunsford Pitts Yandell was present at the 1831 meeting of the medical society in Tennessee to which he had been elected corresponding secretary. His brother-in-law from Murfreesboro, Dr. Frederick Becton, read a paper on the medical topography of Rutherford County. There were several points in the paper on which the two disagreed rather pointedly and apparently some unpleasantness was exchanged between the two doctors.⁶ Dr. Becton's

⁶Phillip M. Hamer, Editor, The Centennial History of the Tennessee State Medical Association 1830-1930, (Nashville, TN.: Tennessee State Medical Association, 1930), p. 37.

paper which he read at that meeting was published in the Transylvania Journal of Medicine and the Associated Sciences in 1832.⁷ He discussed in the paper the effect of the marsh miasmata in causing diseases and expounded several theories of his own about how disease was produced. He alluded to his observation that inhabitants residing near the rivers on the low bank side are usually more sickly than those who reside on the bluff side of the stream. He referred to greater sickness among people who were exposed to vicinities where stagnant water was present in ponds or creeks. He referred to the type buildings erected by the settlers of the county with foundations or bottom logs on or near the ground. Chip shavings and debris were left under the floors. The sleepers upon which the flooring planks were laid were close to the ground and, therefore, the rooms of these homes were exposed to the decomposing matter. Additionally, garbage was frequently decaying in the yard. He felt the buildings should be raised with the dwelling houses and kitchens some distance above the ground, removing all vegetable substances from beneath the floors and out of

⁷Frederick E. Becton, M. D., "An Essay on the Topography and Diseases of Rutherford County, Tennessee," Transylvania Journal of Medicine and the Associate Sciences, V. 5 (1832), 20.

the neighborhood of the yard, and leaving a free space for ventilation under the houses. He alluded also to the dietetic habits of the people, stating "we in Rutherford County generally eat as if for a wager against time, swallowing our food mashed, but not masticated, and of course, scantily supplied saliva. Instead of applying this useful adjuvant in digestion to its proper and natural uses, it is spit up with tobacco juice, and the food in the stomach must find its way to the coats of that viscus floating in strong hot coffee." He treated most of the diseases similarly, bleeding freely at the beginning and subsequently by giving such doses of tarter emetic as would produce free vomiting, and cathartics to keep the bowels open. He also freely used cupping and leeching as well as applying blisters.

The cholera epidemic visited Murfreesboro and the Middle Tennessee area in 1833. The disease made its appearance in June. The weather which had preceeded it was intensely hot accompanied by frequent showers of rain. The heat continued uninterruptedly for several weeks. During this period, the epidemic raged with more or less violence throughout the neighboring country. Dr. Henry Yandell, a brother to Lunsford Pitts Yandell, wrote an account of the epidemic as it appeared in Shelbyville.

The epidemic covered much of Middle Tennessee and would probably typify the conditions of the epidemic in Murfreesboro as well.

At once the whole population seemed to be invaded by disease, scarcely an individual being found in the place a day or two afterwards who was not more or less indisposed. The premonitory diarrhea generally preceded the more formidable symptoms but its duration usually was brief, if not promptly checked. The disease advanced after a few hours to its more malignant stage. No class was exempt. The wealthy and the poor, the temperant, the intemperant, each furnished their share of victims. Of the usual symptoms of the disease, vomiting was uniformly present. When diarrhea came on simultaneously with this symptom, it rarely failed to hurry the patient off in from two to eight hours. For the first two days of its prevalence, few who died lived beyond eight hours after their attack. Out of a population of about 800, we lost thirty the first day after its eruption. Its malignancy was unabated on the second day, but, as many of the citizens had fled, the number of deaths was only about 15 or 20. In all, during its continuence, one hundred and nine of our citizens perished. It lingered in the town for about fourteen days when the population returned to their homes, and since that time uninterrupted health has prevailed. As already remarked, the pestilence spread itself throughout the surrounding country, several localities being severely afflicted. In some families ten or twelve died, and in Bedford County, it is supposed that the number of deaths exceeded two hundred and twenty.⁸

Dr. Yandell treated the disease with reliance chiefly upon calomel. He was governed only by the effects

⁸Henry Yandell, M. D., "An Account of Spasmodic Colera, As It Appeared in Shelbyville, Tennessee, in the Summer of 1833," Transylvania Journal of Medicine, V. 7 (1834), 5.

produced. He stated that the calomel alone seemed competent to allay the gastric irritability and check the watery passages. The description of the epidemic in Shelbyville would certainly correlate with the description of the epidemic in Murfreesboro. Dr. James Roane lost his life in Nashville of cholera in the 1833 epidemic. The cholera epidemic visited again in 1835 with similar results. Dr. Alfred Hartwell lost his life in that epidemic.

A majority of the physicians in Rutherford County joined the Tennessee Medical Society. Dr. George Thompson was made one of its censors in 1838. Dr. John Wilson participated in the 1838 meeting. Professor Yandell returned from Lexington regularly to participate in the meetings. Dr. Treadway was appointed to read a medical essay.

Dr. John W. Richardson was elected president of the Tennessee Medical Society in 1849. Dr. Richardson was a prominent physician in Rutherford County. He wrote a paper which was published in 1842 on the diseases of Rutherford County.⁹ In his paper he mentioned first

⁹John W. Richardson, M. D., "Remarks on the Diseases That Appeared in Rutherford County, Tennessee, During the Year 1841, and the Winter of 1841-2," Western Journal of Medicine and Surgery, V. 6 (1842), 426.



Dr. John W. Richardson

President

Tennessee Medical Association

1848-1850

intermittent fever, stating that it existed almost continually. Measles prevailed extensively during the early part of 1841. Whooping cough had prevailed for twelve months. Parotitis (mumps) had been in the neighborhood for a year and was still prevailing. He stated that it progressed remarkably slow, remaining in some families for four and even six months. He stated that it was attended with more fever and more cerebral disturbance (encephalitis). The summer and autumnal diseases were of the usual character with intermitting and remitting fevers. In November, an epidemic of influenza commenced. Many cases were alarming, so extensive and severe were the bronchial inflammation and pain. During the winter there were some cases of pleurisy, a good many cases of pneumonia and combinations of the two. Tonsillitis visited during the winter. He commented that in January an epidemic visited which was more unmanageable than any of the former and more fatal than all of the whole of them combined. The cases he described were those of meningitis. Of those who survived, some were left deaf or blind.

The physicians practicing in the area in the 1840s were J. J. Abernathy, Martin W. Armstrong (Milton), Benjamin Ward Avent, William T. Baskette, Thomas Crutcher Black (Walter Hill), Jonathan Bostick (Triune), James

Area Physicians During the 1840s

J. J. Abernathy	Reuben D. Hubbard
Martin W. Armstrong	Daniel H. Johnson
(Milton)	James Maney
Benjamin Ward Avent	(Murfreesboro)
(Murfreesboro)	Francis J. Manning
Wm. T. Baskette	(Fox Camp)
(Murfreesboro)	Robert C. Price
Thomas Crutcher Black	John W. Richardson
(Walter Hill)	(Murfreesboro)
Jonathan Bostick	T. L. Rives
(Triune)	(Eagleville)
James Hamilton Charlton	Samuel B. Robison
(La Vergne area)	Dr. Rogers
George D. Crosthwait	William R. Rucker
(Florence)	Swepton Sims
John Claiborne Gooch	George W. Thompson
(Smyrna)	Nimrod Whitefield Thompson
Samuel R. Gooch	James Wade
James W. Gowen	John M. Watson
(Cannon County)	James Wendel
William D. Gowen	(Murfreesboro)
Samuel Hogg	
(Smyrna)	

Hamilton Charlton, Nimrod W. Thompson, Jonathan C. Gooch, George Thompson, James Wade, William R. Rucker, George D. Crosthwaite, John M. Watson, James Maney, John W. Richardson, Robert C. Price, R. D. Hubbard, Daniel H. Johnson, Swepson Sims, F. J. Manning, Samuel B. Robison.

By virtue, undoubtedly, of Dr. Richardson's position in the Tennessee Medical Society, the society convened in Murfreesboro for three consecutive years, 1850, 1851, and 1852. The proceedings of the 1850 meeting follow:

Murfreesborough, Ten., Wednesday, April 3, 1850.

The Medical Society of Tennessee convened this day, in Odd Fellow's Hall, according to adjournment, being its 21st annual session--the following members present:

John W. Richardson, Rutherford County, Ten.
 L. P. Yandell, Louisville, Ky.
 F. H. Gordon, Lebanon, Ten.
 B. W. Avent, Murfreesborough, Ten.
 R. S. Wendell, Murfreesborough, Ten.
 Thos. C. Black, Murfreesborough, Ten.
 W. R. Rucker, Murfreesborough, Ten.

The President, Dr. Richardson, called the Society to order, and requested the members present to re-sign the Constitution.

The Secretary being absent, on motion, Dr. R. S. Wendel was appointed Secretary pro tem.

On motion of Dr. Yandell the rule requiring the nomination of members to lie over one day, was suspended, and thereupon the following gentlemen were proposed and duly elected members of the Society,

Dr. J. Abernathy, Dr. G. W. Burton, Dr. P. D. McCulloch, of Murfreesborough; Dr. S. H. Woods, Dr. L. W. Knight, Dr. D. H. Johnson, Dr. J. B. Armstrong, Dr. G. M. Alsop, Dr. W. A. Smith, Dr. L. V.

Young, of Rutherford Co.; Dr. T. F. Waters, of Smith Co.; Dr. Caldwell, of Shelbyville; Dr. C. T. New, of Woodbury; Dr. G. L. Robertson, Dr. J. H. Lillard, of Wilson Co.; and Dr. Smith Bowlin, of Bedford Co.

On motion of Dr. Avent, the following gentlemen were appointed a Committee to arrange the order of business for to-morrow--Dr. B. W. Avent, Dr. F. H. Gordon, Dr. J. J. Abernathy.

Dr. Gordon offered the following resolutions, which were read, and on motion adopted:

Resolved, That the long established custom of writing medical prescriptions in the Latin Language should be abolished;

Resolved, That Natural Philosophy and Chemistry have an intimate connection with Medicine, throwing much light upon it, and ought therefore to be included among the preliminary studies of Medical Students;

Resolved, That the chief cause of the common complaint of the disrepute and degradation of the Medical Profession is to be found in the faulty elementary, or office medical education, and that the desired elevation of the standards, the qualifications and exaltation of the Profession will never be accomplished until suitable measures shall be adopted to correct the cause;

On motion, the Society adjourned until 9 o'clock, to-morrow morning.

Thursday Morning, 9 o'clock.

The Society met pursuant to adjournment. Proceedings of last meeting read.

The Committee appointed at last meeting to arrange the order of business for this day, reported the following, which on motion, was received and adopted:

1. Reading of Essays.
2. Report of Cases.

3. Orator's Address.
4. Election of Officers.
5. Motions and Unfinished Business.
6. Appointments for next Annual Meeting.
7. Select Place for next Annual Meeting of Society.
8. President's Address.

Your Committee would suggest the propriety of appointing a reporter to take down the remarks of members on such medical subjects as may be discussed.

B. W. Avent,
F. H. Gordon,
J. J. Abernathy,

On motion, Dr. G. Burton was appointed Reporter.

The appointments of Delegates to the next meeting of the American Medical Association to be held in Cincinnati, in May next, being in order, the following were duly elected:

Dr. Kelley and Dr. J. Lindsley, of Nashville; Dr. F. H. Gordon, of Lebanon; Dr. J. W. Richardson and Dr. L. P. Yandell, of Rutherford Co.; Dr. G. W. Burton, Dr. B. W. Avent, and Dr. J. J. Abernathy, of Murfreesborough; Dr. Thos. Lipscomb of Shelbyville; Dr. R. G. White, of Pulaski; Dr. H. R. Robards, of Memphis.

The Society then proceeded to the regular order of business. Dr. J. B. Lindsley appointed at last annual meeting to read an Essay on the Medical Topography of Davidson County, being absent, was on motion fined \$10, for delinquency.

The following gentlemen appointed at last meeting to report Cases, were also fined the sum of \$5 each for delinquency, viz: Dr. J. W. Percy, Dr. R. M. Porter, Dr. S. H. Stout, Dr. W. P. Jones, Dr. J. G. Barksdale, Dr. George Thompson, Dr. G. A. J. Mayfield, Dr. S. S. Mayfield, and Dr. J. S. Parks.

Dr. Thomas Lipscomb also appointed to report cases, excused his absense by letter, but presented through the Corresponding Secretary, a paper on Apoplexy, which on motion was received and read.

Dr. Avent read a paper on Traumatic Tetanus, which was on motion received.

On motion the Society adjourned until 1½ o'clock, P. M.

Thursday, 1½ o'clock, P. M.

Society met pursuant to adjournment. On motion the contribution fee was fixed at \$2 the present session.

The accounts of H. M. Watterson, B. R. McKennie & Co. and Dr. W. Taylor amounting to \$15, for advertising the meeting of the Society, were presented, and on motion allowed and ordered to be paid by the Treasurer.

Dr. R. S. Wendell read a case of Intermittent Fever, complicated with convulsions, which on motion was received.

Dr. Avent, Corresponding Secretary, read a communication from Dr. J. King, declaring his inability to attend and deliver the Oration assigned him at the last meeting of the Society. On motion a fine of \$10 was imposed.

Dr. Gordon read a paper on Tetanus caused by puncturing a Sarcomatus Tumor, which on motion was received.

The President announced as next in order the election of Recording Secretary, the other officers being elected for the term of two years from last meeting; when Dr. R. S. Wendel was on ballot duly and constitutionally elected to fill said office.

Dr. Gordon offered the following which was adopted:

Whereas, The painful intelligence has reached this Society of death of our distinguished friend and associate, Dr. Benjamin R. Owen, of Lebanon, by whose decease, our Society and the Medical Profession, have lost one of their brightest ornaments, therefore

Resolved, That a committee of two be appointed to present at our next meeting, suitable testimonials of the worth of our friend and the loss sustained by his decease.

The President appointed Drs. Gordon and Lillard as committee.

The President narrated some interesting cases showing the value of *Enemata* of solution of nitrate of silver in dysentery.

On motion of Dr. Burton, it was resolved that the President write out a report of the same to be published as part of the proceedings.

The appointments for the next annual meeting being in order, the President made the following-- Dr. F. H. Gordon, Orator; Dr. J. J. Abernathy, of Murfreesborough and Dr. Tho's Lipscomb, of Shelbyville, to read Essays; and Drs. Avent, McCulloch, R. S. Wendel, and Burton, of Murfreesborough, Drs. Alsup, Young, Knight, G. Thompson, Crosthwaite, W. A. Smith, and Armstrong, of Rutherford Co., Dr. Waters of Smith Co., Dr. Robertson of Wilson Co., Drs. Barksdale and Caldwell of Shelbyville, Drs. S. S. Mayfield and J. S. Park of Franklin, Drs. Percy, Buchanan, Cheatham, Kelley, R. Martin, R. C. K. Martin, Porter, King, Ford and Winston of Nashville to Report Cases.

Dr. Avent offered the following resolution, which was adopted:

Resolved, That Prof. L. P. Yandell, of the University of Louisville, be requested to address this Society at its next annual meeting.

Dr. Avent also offered the following resolution, which was adopted--

Resolved, That the thanks of this Society be tendered to Stranger's Refuge Lodge, No. 14, I.O.O.F., for the use of their Hall during the session of this society.

Dr. Avent moved that a Committee of three by appointed to prepare the proceedings of this Society

for publication, which was adopted, and Drs. Avent, R. S. Wendel and Burton appointed. On motion, the President was added.

On motion, the President was requested to deliver his address in the Methodist E. Church this evening, at 7 1-2 o'clock, and that the public be invited.

On motion, the Society adjourned until 1st Wednesday in April, 1851, to meet at that time in Murfreesborough.

JOHN W. RICHARDSON, President.

R. S. Wendel, Cor. Secretary.¹⁰

Dr. Avent's presentation on traumatic tetanus indicated that physicians recognized that these symptoms occurred as a result of a wound. This particular case was preceeded by a wound to the foot in which a portion of splinter had remained. Dr. Avent described the symptoms of tetanus admirably, describing the severe spasms of the muscles and stated that when the patient was laid on his back, the heels and posterior skull were the only part of the patient that would touch the bed. He stated that the jaws were not completely locked but were very rigid, and swallowing was very difficult so that they were frequently prevented from administering either food or medicine. It was difficult for the patient to speak. The treatment

¹⁰Proceedings of the Twenty-First Annual Meeting of the Tennessee Medical Society, Held at Murfreesborough, April, 1850 (Published by the Tennessee Medical Society, 1850).

agreed upon was calomel in small doses, morphine, enemias composed of brandy and well prepared gruel to be administered every six hours. The spine should be rubbed with a strong volatile linament. Spirits of turpentine and castor oil were to be employed as purgatives. The wound was opened and the splinter extracted. The morphine was the main medication that helped relieve the symptoms of spasms. The patient did recover although it required several weeks.¹¹

Dr. Wendell reported a case of fever accompanied by gastroenteritis and convulsions in a man of age 35. Dr. Wendell bled him freely from the arm which reduced his pulse from an initial 120 per minute to nearly 90. He then applied a cup to each temple but as their drawing seemed to excite a great deal of pain, they were removed without obtaining much blood. He gave the patient 15 grains of calomel and 2 grains of ipecac. He poured cold water over his head for some several minutes and he sponged the entire surface of the body with cold water and directed the family to repeat the calomel and ipecac in six hours and continue to use the cold water at intervals. On the evening of the same day, Dr. Wendell

¹¹Proceedings, April, 1850, p. 11.

returned and found the patient to have a pulse of about 100. He repeated the bleeding until the pulse indicated some change. He gave him a stimulating enema and repeated the enema in one hour. He then administered a dose of castor oil. The next morning he continued the use of cold water. The patient was given a purgative of castor oil and calomel combined which was used twice during the day. Later in the day, he was given calomel, opium, and ipecac, to be given every three hours until ptyalism (salivation) was manifested. Cups were applied to the whole length of the spine, both wet and dry, and this was followed by a blister on the nape of the neck extending up and over the occiput (lower part of the posterior skull). The sublingual glands (salivary glands) were rubbed with an unguent and a teaspoon of a mixture of strichnine and alcohol was ordered three times a day. The following day, Dr. Wendell discovered that ptyalism had taken place. He then gave him a cathartic of equal quantities of castor oil and turpentine. He found the pulse to be very weak and the extremities cold. He then placed a large blister over the stomach and one on each wrist and he dry cupped the whole length of the spine. When Dr. Wendell returned in the evening, the patient had a severe convulsion following which another enema was

given. The next day, the patient began to rally and improve slowly and in a few weeks, he entirely recovered.¹²

In Dr. Richardson's paper on injections of nitrate of silver in dysentery, he advised the use of nitrate of silver in an enema to be administered for the relief of the diarrhea. He had found that this was especially useful in the various dysenteries.¹³

It was customary for the president of the society to deliver his address to the society as the last item of the meeting. In Dr. Richardson's address to the society, he admonished the physicians to read and study. He stated that the science of medicine had grown wonderfully since the apprenticeship and studies of most of the physicians practicing at that time and he further stated that the intelligent and industrious students have great advantages over those who studied medicine twenty, thirty and forty years ago. He emphasized that medicine was a progressive science and by the very nature of things must continue to be progressive. I quote from his address:

If those who studied medicine and commenced the practice some thirty or forty years since have not read a great deal, they are far behind in the

¹²Proceedings, April, 1850, p. 15

¹³Proceedings, April, 1850, p. 19.

profession. Their old musty books have gone out of print, and out of date.¹⁴

He further counseled,

The advantages, then, to the older and younger physicians in their associations are much more reciprocal than many, upon first view, will allow; for a while the young are benefited by the counsel, and practical experience of the old, the latter in turn receive much that is new and important from the former.¹⁵

Undoubtedly the meeting in Murfreesboro was a very stimulating educational experience for the local physicians. Other physicians in the community became interested in the work of the Medical Society of Tennessee and joined the society, among whom were Doctors Benjamin Avent, James Wendell, Thomas C. Black, J. J. Abernathy, G. W. Burton, P. D. McCullough, S. H. Woods, L. W. Knight, D. H. Johnson, J. B. Armstrong, G. M. Alsup, W. A. Smith, L. V. Young. Many of the physicians were probably stimulated to keep better records of cases in anticipation of reporting or publishing papers on their particular cases. Dr. Richardson admonished the physicians to keep a diary of interesting cases to present to their colleagues. Communicating interesting cases in Dr. Richardson's mind was

¹⁴Proceedings, April, 1850, p. 23.

¹⁵Proceedings, April, 1850, p. 24.

essential for educational progress. He found medical associations to be fine opportunities for doctors to present interesting cases to the profession where they could be examined, closely criticized and published.

At the 1850 meeting in Murfreesboro, Dr. J. W. Richardson, Dr. Yandell, Dr. G. W. Burton, Dr. B. W. Avent, Dr. J. J. Abernathy were all appointed as delegates from the Tennessee Medical Association to the next meeting of the American Medical Association which was to be held in Cincinnati the following May. The American Medical Association had been formed in 1847; so, early in the history of the national organization, Rutherford County physicians were active in its proceedings.

In 1851 the state society again met in Murfreesboro at which other Rutherford County physicians became members: Doctors Crosthwaite, W. T. Baskette, L. V. Young, W. A. Smith, E. D. Wheeler, J. M. Watson, S. B. Robinson. Dr. Richardson was still president of the society. Dr. Avent presented a paper to the society. Doctors McCullough, Crosthwaite, Young, Knight, Thompson, Smith, and Armstrong all read essays. It was observed in that meeting that efforts were under way to establish a medical school in Tennessee and it was indeed in that year that the Medical Department at the University of

Nashville was established. The society adopted the code of ethics established by the American Medical Association. That motion was made by Dr. Wendell of Murfreesboro, and it was unanimously passed. At the 1851 meeting, Dr. J. M. Watson was elected president for the next two years. He was a practicing physician in Murfreesboro. Dr. B. W. Avent of Murfreesboro was elected vice-president, Dr. R. S. Wendell, recording secretary, Dr. E. D. Wheeler, corresponding secretary, and Dr. J. J. Abernathy, treasurer. That year a clean sweep of the officers of the state society was made by Rutherford County physicians. Doctors Richardson, Avent, Wheeler, McCullough, Baskette, Wendell, Robertson, Knight, Smith, Young, and Black of Rutherford County were appointed to report cases for the next meeting of 1852 which was also to be held in Murfreesboro.¹⁶

At the 1851 meeting Dr. Avent read a case of fungus cerebri to which he appended the notes of the case treated by Dr. J. W. Richardson.¹⁷ Dr. McCullough reported a case of rupture of the intestines caused by a fall from a horse

¹⁶"Proceedings of the Medical Society of the State of Tennessee," Nashville Journal of Medicine and Surgery, V. 1 (1851), 73.

¹⁷B. W. Avent, M. D., "Fungus Cerebri," Nashville Journal of Medicine and Surgery, V. 1 (1851), 65.



Dr. John M. Watson

President

Tennessee Medical Association

1851- 1853

and also a case of traumatic tetanus. Dr. Crosthwaite reported a case of prolapsus vesicae. Dr. Armstrong presented to the museum of the society a rare specimen of lumbrici obtained from the liver of a dog. Dr. Young read a case of rupture of the uterus on which Dr. Watson made some remarks. Dr. Knight read a case of acute mania following an attack of bilious fever which elicited some remarks from Doctors Baskette and Watson. Dr. Thompson reported a case of puerperal convulsions. Dr. Smith reported a case of stricture of the bowels. Dr. Armstrong reported a case of indigestion accompanied with extreme emaciation.

The delegates appointed to the next meeting of the American Medical Association included Dr. B. W. Avent of Murfreesboro. The society resolved to instruct the delegates to use their best influence to induce the American Medical Association to urge the Congress of the United States to appoint a Board of Health for the United States. The duty of said board should be to publish the analysis of all secret compounds proposed as remedies together with the effects which said compounds are calculated to produce upon the human system in health and disease. It was further resolved that the delegates be instructed to use their endeavors to procure from the American Medical

Association a memorial to the Congress of the United States "praying that body not to grant patents for secret compounds intended to be used as medicines."

The society noted with pleasure, not only the efforts to organize a medical school in Nashville but also efforts to start the publication of the Nashville Journal of Medicine and Surgery on a regular basis. They recognized the educational value of a journal to the local physicians.

When the Medical Society of Tennessee met in Murfreesboro on May 5, 1852, the meeting was held in Odd Fellows Hall and Dr. J. M. Watson of Murfreesboro presided as president. At that meeting it was resolved that in the future a rule of the society would be to open for discussion by the members any paper which was read to the society, and, after each member had had an opportunity to speak, the writer of the paper should have the liberty to close the discussion. This represented an excellent medium for the exchange of ideas and advancement of education. This same format is used at most medical meetings today. Attending the meeting from Rutherford County were Doctors W. A. Smith, J. W. Richardson, S. B. Robison, L. W. Knight, B. W. Avent, R. S. Wendell, E. D. Wheeler, J. J. Abernathy, W. D. Baskette, and J. M. Watson, W. A. Smith, P. D. McCullough, and Thomas C. Black.

Dr. Medicus Ransom was admitted as a new member.

Dr. Richardson read a case of hour glass contraction of the uterus.¹⁸ Dr. Abernathy read an essay on tetanus.¹⁹ Dr. Avent read a paper on three cases of urinary calculi with the operation of lithotomy on each.²⁰ Dr. Robison reported a case of ovarian inflammation.²¹ Dr. Smith reported a case of labor attended with laceration of the perineum.²² The next meeting of the State Medical Society was scheduled for Nashville in 1853 and the meeting adjourned. The meeting was written up in the Nashville Journal of Medicine and Surgery and was described as unusually interesting in that a much greater interest was manifested by the members than from many years past. They also said that the meeting was more numerous

¹⁸John W. Richardson, M. D., "Hour Glass Contraction of the Uterus," Nashville Journal of Medicine and Surgery, V. 3 (1852), 66.

¹⁹J. J. Abernathy, M. D., "Essay on Tetanus," Nashville Journal of Medicine and Surgery, V. 3 (1852), 22.

²⁰B. W. Avent, M. D., "Three Cases of Stone in the Bladder," Nashville Journal of Medicine and Surgery, V. 3 (1852), 72.

²¹S. B. Robison, M. D., "Case of Inflammation of Ovaria," Nashville Journal of Medicine and Surgery, V. 3 (1852), 77.

²²W. A. Smith, M. D., "Case of Labor Attended with Laceration of Perineum," Nashville Journal of Medicine and Surgery, V. 3 (1852), 65.

attended and that the discussions were considerably more animated.²³

The Nashville Journal of Medicine and Surgery was in its second year of publication. It started its first year the same year the medical school was established. It should be also noted that Dr. J. M. Watson of Murfreesboro had been elected as the head of the Department of Obstetrics at the new medical school.

The Rutherford County Medical Society was organized in Murfreesboro on June 1, 1852. Undoubtedly this was due to the stimulation of the three consecutive meetings in Murfreesboro by the Tennessee State Medical Association and the very active participation in the State Medical Society of Rutherford County physicians. Doctors B. W. Avent, S. B. Robison, J. W. Richardson, Medicus Ransom, B. H. Bilbro, R. S. Wendell, J. J. Abernathy, W. T. Baskette, L. W. Knight, T. C. Black, W. C. Martin, R. J. Powell, G. W. Burke, and H. H. Clayton were the founding members. Dr. J. W. Richardson was elected president, Dr. J. E. Wendell, vice-president, Dr. E. D. Wheeler, recording secretary, Dr. S. B. Robison, corresponding

²³"Proceedings of the Twenty-third Annual Session of the Medical Society of Tennessee, held at Murfreesborough, May, 1852," Nashville Journal of Medicine and Surgery, V. 3 (1852).

secretary, and Dr. B. W. Avent, treasurer. The objects of the society were stated to be "the discussion of the theory and practice of medicine and the collateral sciences." The code of ethics of the recently organized American Medical Association was adopted. The meetings were held in May and November of each year. Cases were reported and discussed and essays read. Many of the essays and case reports were published in the Nashville Journal of Medicine and Surgery and in other medical periodicals.²⁴

At the November 4, 1852, meeting of the Rutherford County Medical Society, Dr. William T. Baskette read a paper on cholera infantum. His treatment of the disease was the usual emetics, purgatives, and the ubiquitous calomel. He advised

If there be any evidences of cerebral irritation, such as delirium, photophobia, heat about the head, redness of the eyes, etc., a few leeches should be applied to the temples, or a cup or two behind the ears, and warm stimulating embrocations to the extremities. A towel wrung out of cold water may be applied to the head at the same time. When there is sufficient subduction of the arterial excitement, and no abatement of the head symptoms, the whole head ought to be shaved and a large blister drawn over it.²⁵

²⁴Hamer, p. 486.

²⁵William T. Baskette, M. D., "Cholera Infantum," The Southern Journal of the Medical and Physical Sciences, V. 1 (1853), 82.

Dr. John W. Richardson was invited to give the commencement address to the graduates of the University of Nashville Medical Department February 24, 1853. He expounded on the difficulties in the practice of medicine, the great variety of diseases, the necessity for correct interpretation of signs and symptoms, the proper choice of treatment. He discoursed on many areas of problematical practice.

. . . it requires immense labor. You had better not engage in the practice of medicine at all if you do not intend to worship at her altar. You must study--read--think--observe closely, or the science will suffer in your hands, and the sick will suffer more. . . .

Gentlemen--the science of medicine, properly studied, and the practice of medicine, faithfully pursued, will give a man more knowledge--do more to refine his morals and manners, and secure for him more friends and better friends, than any other human profession. No other science opens such a field for reading and reflection, where a man can do so much good, and make so much character. Here are cases that challenge the skill of the most gifted, objects for his charity, subjects for his benevolence, and every inducement that can be offered to make a man intelligent, virtuous, and happy.²⁶

When the Tennessee Medical Society met in Nashville on May 4, 1853, Dr. J. M. Watson presided as president.

²⁶John W. Richardson, M. D., "The Difficulties and Responsibilities of the Physician," Nashville Journal of Medicine and Surgery, V. 4 (1853), 129.

Doctors Wendel, Ransom, Abernathy, Avent, Wheeler, Knight were present. Dr. Wheeler offered a tribute to the memory of Dr. W. A. Smith of Rutherford County who had died since the last meeting. The resolution was published with the proceedings of the society and a copy transmitted to the family of the deceased.²⁷ Dr. Medicus Ransom reported a case of paralysis.²⁸ Dr. John M. Watson's presidential address to the society was an eloquent review of the advances in medicine, though perhaps he was a bit complacent with the state of the art at that time.

. . . the chances of new and valuable discoveries in the different departments of medicine are far, very far, greater than in former ages. And though there are many things which will live and perish only with the world, yet other important means will be discovered. The lancet, the leech, the cupping glass, calomel, quinine, tartar emetic cannot be superceded. Other medicines may rise and fall, and be finally dispensed with, but these cannot.

But he did, nevertheless, attempt some visionary projections into the future.

. . . more attention will, in all probability, hereafter be given to the means of preventing (diseases)

²⁷Transactions of the Tennessee State Medical Society at their Twenty-Fourth Annual Session, Convened at Nashville, May 4, 1853 (Nashville: J. F. Morgan, 1853).

²⁸M. Ransom, M. D., "Case of Cerebral Disease," The Southern Journal of the Medical and Physical Sciences, V. 1 (1853), 236.

than of curing them. . . . Hence we may soon look out beyond oculists, dentists, lithotomists, for pneumatologists, gastrologists, hepatologists, spermatologists, and, in short, a name and a doctor for every part of the system, whose case and duty it shall be to treat the diseases of one particular organ in an open, scientific way.²⁹

The professional and educational stimulus of the Tennessee Medical Society and the Rutherford County Medical Society on the physicians of the county was evident. Many papers were reported and published during the decade of the 1850s.

Dr. J. O. Sharber, who practiced in Versailles, reported a case of fatal uterine hemorrhage in a thirty-five year old woman. An autopsy was performed and the hemorrhage found to be the result of erosion of an artery from cancer of the uterus.³⁰

Dr. Taswell S. Smith reported a case of gun shot wound of the head. Three wounds were noted by Dr. Smith and treated in consultation with Dr. G. W. Burk. The wounds were debrided, the integument drawn together and retained with adhesive strips. A "nervous stimulant" was administered initially, then one grain of calomel was

²⁹Transactions, 1853, pp. 27-28.

³⁰J. O. Sharber, M. D., "Death from Exterior Uterine Hemorrhage," Nashville Journal of Medicine and Surgery, V. 4 (1853), 259.

ordered every hour for six hours followed by saline cathartics. On the second day the calomel doses were ordered again and pushed to ptyalism, with "the view if possible to prevent inflammation and promote absorption." The patient recovered.³¹

Dr. Medicus Ransom, at that time practicing in the Salem area, reported two cases of trismus nascentium (tetanus of the newborn). Such cases were so uniformly fatal that frequently a doctor was not even called to attend the infant. Dr. Ransom reported these two cases because they both recovered. He had used internal chloroform in the treatment of both cases which helped relieve the muscle spasms. He also scarified the umbilicus (almost always the portal of infection entry) and applied poultices to it. He was impressed with the effects of chloroform in treatment and encouraged the profession to try it.³²

³¹Taswell S. Smith, M. D., "Case of Gun Shot Wound of the Brain," Nashville Journal of Medicine and Surgery, V. 8 (1855), 495.

³²M. Ransom, M. D., "Cases of Trismus Nascentium," The Southern Journal of the Medical and Physical Sciences, V. 3 (1855), 21.

Dr. William T. Baskette reported a case of congenital absence of the uterus.³³

At the Rutherford County Medical Society meeting in June, 1856, the society requested Dr. Samuel B. Robison to take an account of the births, deaths, and marriages in the county for the preceding year. He was the property assessor for the county and could, therefore, gather the medical statistics when assessing the properties. His report covered the year from May 1, 1855, to May 1, 1856. He reported to the society at a later meeting. The most frequent causes of death were phthisis (tuberculosis), scarlatina, cholera infantum, flux, pneumonia, croup, and dropsy. The largest number of deaths was from flux, the second largest from "unknown causes." Other fatal illnesses included meningitis, tetanus, measles, pleurisy, child-bed fever, congestive chills, stomatitis, whooping cough, fits, old age, cancer, fever, and scrofula. He was impressed with the large incidence of flux and correlated the disease with the "miasma" emanating from the water courses.³⁴

³³William T. Baskette, M. D., "A Case of Absence of the Uterus in an Adult Female," The Southern Journal of the Medical and Physical Sciences, V. 3 (1855), 157.

³⁴S. B. Robison, M. D., "Statement of the Births and Deaths of Rutherford County for One Year," Nashville Journal of Medicine and Surgery, V. 13 (1857), 2.

An interesting case was reported by Dr. Benjamin W. Avent describing an operation for tumor in which half the lower jaw was removed. Dr. J. J. Abernathy had originally removed part of the tumor, but it recurred. At the second operation, Dr. Avent listed the doctors present who assisted in the operation: Professor Buchanan (of the University of Nashville Medical Department), Doctors Baskette, Clayton, Robison, Wasson, Richardson, Keyes, and Mr. Buchanan, a medical student. Dr. Baskette administered chloroform anesthesia. The surgery was described in some detail. Cautery and ligation were used to control bleeding. The patient recovered at the end of nine weeks. I would suggest that the cautery used may have prevented some of the inevitable post-operative infection.³⁵

In 1858 the Rutherford County Medical Society wrote the editors of the Nashville Journal of Medicine and Surgery as follows:

RUTHERFORD COUNTY MEDICAL SOCIETY

Murfreesboro, May, 1858

Editors Nashville Medical Journal:

Dear Sirs: At the regular meeting of the Rutherford County Medical Society, held in this

³⁵B. W. Avent, M. D., "Resection, With the Disarticulation of One Half the Inferior Maxilla," Nashville Journal of Medicine and Surgery, V. 13 (1857), 27.

place on yesterday, 6th of May, the following resolution was unanimously adopted:--

Resolved, That this Society adopt the Nashville Journal of Medicine and Surgery as its organ, and that the Editors of that journal be requested to acknowledge the same, and to publish its proceedings, with such other matter as the committee may deem worthy of publication.

The undersigned, Committee of Publication, have been directed to transmit a copy of the above resolution to you, and to request your approval.

The Society holds its meeting semi-annually.

Respectfully,

B. W. Avent
T. S. Smith
L. M. Wasson

It certainly was a credit to the doctors in the Rutherford County Medical Society that the letter was published in the Nashville Journal of Medicine and Surgery with an editorial comment which followed the letter:

We have already privately expressed our willingness to publish the proceedings of this Society, and promise our readers a series of interesting practical articles from its members, among others, "On Croup," "On Intussusception," "On Veratrum Viride," &c, &c, &c.

No city in our State possesses an abler Faculty than our sister city of Murfreesboro, nor any county an abler one than Rutherford, which we think, accounts for the fact of the large number of our subscribers there.³⁶

³⁶Nashville Journal of Medicine and Surgery, V. 15 (1858), 86-87.

The meeting of the Rutherford County Medical Society in May, 1858, must have been an all day affair, for several papers were reported and later published. Dr. H. H. Clayton reported some cases of trismus nascentium in which he used topical applications of chloroform. He used three parts of chloroform and nine of whiskey or diluted alcohol, sprinkled on a poultice every 20 or 30 minutes as long as the spasms lasted. The poultice covered the entire abdomen.³⁷ Dr. Avent read a paper on the use of chloroform in mania. He reported the prompt relief of the mania state from the inhalation of chloroform.³⁸ Dr. T. S. Smith reported three cases of pneumonia treated with veratrum viride (an alkaloid which reduces blood pressure). He also used the usual procedures of bleeding, purging, catharsis, and vomiting. He reasoned that the veratrum reduced the frequency of the pulse, which was associated with a lessening of the heat of the skin, thirst and pain, and induction of free perspiration, all of which, he

³⁷H. H. Clayton, M. D., "The Topical Application of Chloroform in Trismus Nascentium," Nashville Journal of Medicine and Surgery, V. 15 (1858).

³⁸B. W. Avent, M.D., "Chloroform in Mania," Nashville Journal of Medicine and Surgery, V. 15 (1858), 188.

assumed, reduced the inflammation.³⁹ Dr. H. W. Winstead, of Beech Grove, presented a case of epistaxis (nose bleed) which was so profuse the patient, a male child of five, almost exsanguinated. He used cold applications to the head, face, and back of the neck, gave astringent injections blew powdered alum into the nostrils, gave lead and opium, resorted to plugging, all to no avail. The patient was sinking from the loss of blood when the thought struck Dr. Winstead that he had heard (whether from a brother of the profession or some old woman he could not recall) that bathing the scrotum in cold water would stop hemorrhage of the nose. He then obtained a cloth wrung out in cold water, completely enveloped the genitals in the cloth, and the hemorrhage ceased.⁴⁰ Dr. R. S. Wendell reported a case of fatal intussusception. The diagnosis was made at autopsy.⁴¹ Dr. L. M. Wasson read a paper on pseudo-membranous croup. He advised against venesection in this

³⁹T. S. Smith, M. D., "Veratrum Veride as an Arterial Sedative," Nashville Journal of Medicine and Surgery, V. 15 (1858), 195.

⁴⁰H. W. Winstead, M. D., "Case of Profuse Epistaxis," Nashville Journal of Medicine and Surgery, V. 15 (1858), 358.

⁴¹R. S. Wendell, M. D., "Case of Intussusception," Nashville Journal of Medicine and Surgery, V. 15 (1858), 193.

form of croup and relied chiefly on calomel, tartar emetic, and nitrate of silver as a local remedy.⁴²

Dr. Wasson gave an essay on syphilis at the meeting of the county society May 3, 1860.⁴³

In 1860, by invitation, Dr. Benjamin W. Avent delivered the commencement address to the graduating class of the Medical Department of the University of Nashville. Dr. Avent was very active in state and county societies, had written and published several medical papers, and was generally respected as an outstanding physician of that day.

The doctors obviously relied much on their mutual sharing of cases at the medical meetings to arrive at more successful and efficient means of treating various disorders. The Rutherford County Medical Society had regular meetings from its inception in 1852 through 1860. It should be noted that an attempt at organizing a medical society in Rutherford County occurred in 1848 and Dr. J. J.

⁴²L. M. Wasson, M. D., "Pseudo-Membranous Croup," Nashville Journal of Medicine and Surgery, V. 15 (1858), 184.

⁴³L. M. Wasson, M. D., "An Essay on Syphilis as a Cause of Scrofula," Nashville Journal of Medicine and Surgery, V. 19 (1860), 101.

Abernathy was elected its president.⁴⁴ However, this effort apparently failed. The records (minutes) of these early years of the society have been lost.

⁴⁴Hamer, p. 136.

Area Physicians During the 1850s

J. J. Abernathy (Murfreesboro)	Joseph Charlton (La Vergne area)
C. C. Abernathy	Edwin Childress (Millersburg)
Gideon M. Alsup (Falls Creek)	Wm. J. Clark (Nolensville)
J. B. Armstrong (Cannon County)	H. H. Clayton (Murfreesboro)
Benjamin Ward Avent (Murfreesboro)	George D. Crosthwaite (Florence)
John Baird (Wilson County)	Joseph W. Davis (Smyrna--La Vergne)
E. T. Barnett (ca. 1855) (Millersburg)	Preston K. Davis (Fox Camp)
Wm. T. Baskette (Murfreesboro)	James H. Dickens (Readyville)
Robert Parker Bateman (Nolensville)	Edward Donoho (Milton)
James M. Bell (Versailles 1855)	Dabney Ewell (Coffee County)
John Bella (Fox Camp)	Lafayette Ezell (Davidson County)
Berryman H. Bilbro (Milton)	Uberdwell Ezell (Fosterville)
Samuel P. Black	Wm. W. Frazar
Thos. C. Black (Walter Hill)	John Wesley Gaines (Antioch)
Robert Blair (Falls Creek)	John Gannaway (Fairfield)
Jonathan Bostick (Triune)	Joseph S. Gentry (Chapel Hill)
Smith Bowlin (Bell Buckle)	John Claiborne Gooch (Smyrna)
Alexander B. Buchanan (La Vergne)	James W. Gowen (Cannon County)
George W. Burk (Falls Creek)	William D. Gowen (Cannon County)
George W. Burton	Thomas Graves (Marshall County)
Thomas R. Butler	Isaac H. Gray (Nolensville)
Andrew Jackson Charlton (La Vergne area 1855)	Addison P. Grinstead (Treppardsville)
Ephraim Charlton (Davidson County)	Allen Hall (Fairfield)
George Washington Charlton, Sr. (Davidson Co.)	
James Hamilton Charlton (La Vergne area)	

Area Physicians During the 1850s (continued)

John W. Hall (Hall's Hill)	Solomon G. Morton (Davidson County)
Reuben D. Hubbard (Wilson County)	George W. Mullins (Jefferson)
Wiley Huff (Barfield)	Abner W. Nelson
William M. Hutton (Middleton)	Joseph H. Nelson (La Vergne)
John H. Ivie	Charles T. New (Woodbury)
M. H. Jackson (Versailles)	James K. Norton (Bedford County)
Daniel H. Johnson	James B. Owen (Williamson County)
Clement Jordan (Triune)	Benjamin H. Paschall (Williamson County)
James E. Kendle (Versailles)	D. Pate (Williamson County)
George Currin Kinnard (Eagleville area)	Alex R. Pinkston (Triune)
John C. Kirkpatrick (Jefferson)	Green L. Poplin (Bedford County)
Lewis W. Knight (Murfreesboro)	Robert C. Price (Brown's Mill)
P. G. Leach (Cannon County)	Medicus Ransom (Salem)
William H. Lytle	John W. Richardson (Murfreesboro)
James Maney (Murfreesboro)	John H. Robinson (Chapel Hill)
Francis J. Manning (Fox Camp)	George Whitfield Robertson (Big Spring)
James Edward Manson (Blackman)	Samuel B. Robison
Robert W. Martin (Milton)	William R. Rucker
William C. Martin	Absalom W. Scales (Triune)
Phillip D. McCullough	James Turner Scales (Triune)
John L. McKnight	J. W. Scales (Triune)
Samuel A. McKnight	Mark Hardin Scales (Marshall County)
Samuel N. McMinn (Wilson County)	James Searcy (Beech Grove)
Samuel Caldwell McWhirter (Milton)	J. Sharber (Versailles)
Jennings Moore (Bedford County)	
William N. Moore	
John H. Morgan (Fairfield)	

Area Physicians During the 1850s (continued)

Jason B. Sheffield	Sam Webb
(Marshall County)	(Williamson County)
D. Shegog	James E. Wendel
(Nolensville)	(Murfreesboro)
Walter Sims	Robert S. Wendel
(Wartrace)	(Murfreesboro)
Robert L. Singleton	E. D. Wheeler
(Fairfield)	Augustus H. White
Wm. A. Smith	William H. Wilson
Stephen Spain	John A. Wood
John W. Steele	(Cannon County)
William D. Stone	Stephen Henry Woods
(Bedford County)	William C. Work
George W. Thompson	(Fosterville)
(Jefferson)	Hillary H. Yeargan
Nimrod Whitefield Thompson	(Barfield)
Samuel Wade	John S. Young
L. M. Wasson	(Davidson County)
John M. Watson	Lewis V. Young
(Murfreesboro)	(Fosterville)

CHAPTER III

THE STATE OF THE MEDICAL ART 1860-1920

During the first half of the nineteenth century, there had been rapid progress in physiology, in pathology, in histology and the sum of the progress led to a new clinical medicine which was the beginning of medicine of the present day. With the advent of knowledge in the basic sciences, the laboratory became an essential tool of discovery and instruction. Germany played a leading role in the new development since it was only in Germany that there had grown-up a large body of full time scientists. There were professional physiologists and professional institutes of physiology in Germany.

Such professional and professional institutes were poised to create new vistas in the future of medicine. These researchers were rejecting the vain speculation, theorizing and dogmatism of the past. Their researches were demonstrating that diseases and disorders of human function were a logical progression of a pathological process. The new emphasis, then, was on pathological physiology rather than a purely anatomical approach. The efforts in the area of pathological physiology created an era of laboratory medicine. Researchers began concentrating on specific areas of medical science such as the

study of liver disease, experimentally investigating pneumonia and kidney and heart diseases. A systematic study of temperature change in disease was developed by Carl Wunderlich in the 1860s. This study was one of pathological physiology at its best. There were many other specific studies on other disease states such as diabetes, the mobility, secretion, and digestive abilities of the stomach, the secretions of the glands, the heart in various diseased states. Mickowski made the decisive experiment in 1889 which proved that diabetes was due to pancreatic disease. Much research was proceeding in neurology. Laboratory studies were being developed such as tests for blood urea, blood bilirubin, blood sugar. The use of such laboratory studies in physiology, experimental pathology, and pharmacology certainly had a great contribution to the increase of clinical knowledge, especially diagnostic ability. The results, however, were gradual rather than dramatic.

Even though all of this research was opening new doors and creating new light and was certainly provoking the enthusiasm of scientifically minded physicians, it still did not kindle the imagination of the average practitioner and the layman. To them, it was not improving their knowledge as to the cause of disease and their experience

in the treatment of disease; so far the pragmatist, something of immediate usefulness was desperately needed. That dramatic event occurred with the discovery that infectious diseases are caused by microorganisms.¹

It was in August 1857 that Pasteur sent his famous paper on lactic acid fermentation to the Lille Scientific Society and in December of the same year, he presented to the Academy of Sciences, a paper on alcoholic fermentation in which he concluded that the conversion of sugar into alcohol and carbonic acid is correlative to a phenomenon of life.²

Pasteur was early impressed with the analogies between fermentation and putrefaction in the infectious diseases, and, in 1863 he assured the French emperor that his ambition was "to arrive at the knowledge of the causes of putrid and contagious diseases."³

The microscope had revealed a new world. The analogy between disease and fermentation urged the suggestion: what would be most desirable would be to push these studies

¹Erwin H. Ackernecht, M. D., A Short History of Medicine (Baltimore, Md.: Johns Hopkins University Press, 1982), pp. 170-174.

²Rene Vallery-Radot, The Life of Pasteur (New York: Doubleday, Page & Company, 1924), p. vii.

³Vallery-Radot, p. ix.

far enough to prepare the road for a serious research into the origin of various diseases. If the tiny living organisms can produce changes in lactic and alcohol fermentation, why should not the same tiny creatures make the changes which occur in the body in the putrid and suppurative diseases.⁴

The first outcome of the researches of Pasteur upon fermentation and spontaneous generation represented a transformation in the practice of surgery which has probably been one of the greatest boons ever conferred upon humanity. It had long been recognized that occasionally a wound would heal without the formation of pus but almost invariably both spontaneous and operative wounds were associated with the development of pus, frequently becoming putrid, which we now term an infected wound. With the infection the general system became involved and the patient frequently died of blood poisoning. This was so common, particularly in the old ill-equipped hospitals, in the absence of knowledge of sepsis, that many surgeons feared to operate.⁵ The general mortality in all surgical

⁴Sir William Osler, Bart., M. D., F. R. S., The Evolution of Modern Medicine (New Haven, Conn.: Yale University Press, 1929), pp. 208-209.

⁵Osler, p. 212.

cases was extremely high. A Young surgeon in Glasgow, Dr. Joseph Lister, recognized the value of Pasteur's experiments. Lister had done researches on inflammation and had been led to suspect that putrefaction was the cause of infection of wounds and that the primary cause was not merely the gases of the air but something carried by the air. Pasteur's work came as a revelation, and he deduced that infection in wounds must be analogous to putrefaction in wine. Lister then sought for means of destroying the organism. He selected carbolic acid as a disinfectant, using the antiseptic on wounds, dressings and most especially washing hands in antiseptic solution prior to surgery. Later, he developed a carbolic acid spray to be used in the operating area. At first it worked by hand, then by a pump and later by a steam apparatus. He first used his antiseptic system in 1865 in a case of compound fracture of the leg. He published his results in 1867, describing eleven cases, nine recoveries of life and limb, one amputation, and one death.⁶ This was a milestone in the history of surgery. He laid the foundation for aseptic surgery. At his death in 1912

⁶Douglas Guthrie, M. D., F. R. C. S. Ed., F. R. S. E., A History of Medicine (Philadelphia, Pa.: J. B. Lippincott Company, 1946), pp. 323-325.

a eulogy appeared in the Royal College of Surgeons Report:

His gentle nature, imperturbable temper, resolute will, indifference to ridicule, and tolerance to hostile criticism combined to make him one of the noblest of men. His work will last for all time; humanity will bless him evermore and his fame will be immortal.⁷

Inseparably linked with Pasteur in the creation of the science of bacteriology is the work of Robert Koch. Koch's first great discovery was his discovery of the anthrax bacillus. Koch further developed media to culture bacteria and new methods of fixing and staining bacteria that they may be studied and identified under the microscope. These great improvements in technique enabled Koch in 1879 to identify the bacteria causing wound infection. He was every inch a pure scientist. He developed scientific postulates on the genesis of contagion. These postulates were (1) the organism should be found in each case of the disease, (2) it should not be found in other diseases, (3) it should be isolated, (4) it should be cultured, (5) it should, when inoculated, produce the same disease, and (6) it should be recovered from the inoculated animal. With the pioneering work of Pasteur, followed by Koch, growth of the field of bacteriology exploded. The advances in the 1870s and 1880s were breath-taking. A partial list

⁷Guthrie, p. 327.

of diseases whose causative agents were discovered during the last decades of the nineteenth century and beginning twentieth century illustrates the rapid rate of progress:

- 1875 Amoebic Dysentery (Loesch)
- 1879 Gonorrhea (Neisser)
- 1880 Typhoid Fever (Eberth, Gaffky)
- Leprosy (Hansen)
- Malaria (Laveran)
- 1882 Tuberculosis (Koch)
- Glanders (Loeffler)
- 1883 Erysipelas (Fehleisen)
- Cholera (Koch)
- 1884 Diphtheria (Klebs, Loeffler)
- Tetanus (Nikolaier, Kitasato)
- Pneumonia (Fraenkel)
- 1887 Epidemic Meningitis (Weichselbaum)
- Malta Fever (Bruce)
- 1892 Gas Gangrene (Welch)
- 1894 Plague (Yersin, Kitasato)
- Botulism (van Ermengem)
- 1898 Bacillary Dysentery (Shiga)
- 1905 Syphilis (Schaudinn)
- 1906 Whooping Cough (Bordet)⁸

⁸Ackernecht, pp. 178-180.

In the 1890s, it was realized by investigators, especially Loeffler and Roux, that a number of diseases were caused by organisms so small that they would pass through the filters which would retain bacteria. The filterable organisms were referred to by the investigators as viruses. They were so small they could not be seen under the ordinary microscope. A third group of organisms occupying a position between the virus and the bacteria was identified in the twentieth century and called rickettsia.⁹

With the advent of the research in the field of bacteriology, means of prevention of the diseases caused by the bacteria was of pressing importance. Research efforts were directed toward this, giving rise to the new fields of serology and immunology. In 1890 Behring developed an effective diphtheria antitoxin which when injected neutralized the toxin elaborated by the diphtheria organism. Behring was the first to open the door to the field of serum therapy, and his discovery considerably reduced the mortality from one of the most murderous children's diseases.¹⁰ In 1885 Pasteur devised a rabies vaccine.

⁹Ackernecht, pp. 180-181.

¹⁰Ackernecht, p. 181.

Although the new knowledge in bacteriology produced enormous strides in medicine there was still no effective means of preventing many epidemics and the mechanism of contagion in these epidemics continued to be a mystery until the demonstration of the part played by vectors or intermediaries in the transmission of disease. It was learned that human carriers were possible. It was also recognized that animals could be carriers of parasitic organisms and insects were also recognized as vectors. Human carriers were recognized as being largely responsible for the spread of diphtheria, cholera, meningitis, typhoid fever, polio, and dysentery. It was known that dogs carried rabies and certain worms. It was recognized that the fly very often transported an infectious organism from excrement to food. In 1897 Sir Ronald Ross discovered that the malaria parasite was carried by the mosquito. In 1897 Simond and Ogata showed that fleas carried plague. In 1901 Walter Reed, Carroll, and Lazear demonstrated that yellow fever was carried by the mosquito. In 1909 Charles Nicolle showed that typhus was transmitted by lice which also carried trench fever and relapsing fever. The discovery of the carrier opened the way for prevention of contagious diseases.

Such strides in the field of microbiology were responsible for the replacement of the symptomatic and empirical treatment of the early nineteenth century by the new causal treatment and prevention. For the first time, answers could finally be given to the question, "What causes disease." The whole of medicine was transformed. The field of public health mushroomed and surgery was undergoing a complete rejuvenation.¹¹

With the advent of the germ theory and recognition of the need for aseptic conditions, coupled with the availability of anesthesia and medication for pain, the surgeon's field rapidly progressed. Halstead introduced the rubber glove and they were used for the first time in surgery at Johns Hopkins Hospital in Baltimore, 1890. With the advent of asepsis, the surgeons could now enter the body cavities without the dreadful fear of certain death due to infection. The period of appendectomy was opened in 1885. Cholecystectomy was undertaken by J. M. Sims in 1878. Repair of hernias, esophagus and stomach operations, joints, vertebral column, head, previously areas never to be invaded were now accessible to the surgeon. The list goes on and on and the techniques were

¹¹Ackernecht, pp. 182-184.

rapidly improved. The procedure of using steam to sterilize surgical instruments was developed in 1886 by von Bergmann.

A new era was born. The new era, born of microbiology, initiated the rise of preventive medicine.

Sir William Osler once called the modern period the age of preventative medicine. The truth of this statement is obvious once it is realized that the great accomplishment of modern medicine--the dramatically increased life expectancy in Western countries from forty years in 1850 to seventy years in 1950--is due much more to preventive than to curative medicine. Miraculous and admirable as the new antibiotics, for instance, may be, they have never saved nearly as many lives as the rather prosaic procedure of pasteurizing milk.¹²

Certainly the advances in bacteriology emphasize the necessity for individual hygiene and public hygiene. Snow had already shown that cholera was a water borne disease. Budd had also shown that typhoid was a water borne disease and these demonstrations were prebacteriological; so the sanitary movement had already begun prior to so many discoveries in bacteriology. But bacteriology led to unprecedented advances in preventive medicine.

Direct attack against certain diseases could now replace haphazard measures. The incidence of typhoid fever and diphtheria could be rapidly reduced through control of the water and milk supplies, through control of carriers, and through

¹²Ackernecht, p. 210.

immunization. After the identification of the mosquito as the carrier of yellow fever, William Crawford Gorgas, was able to carry out his spectacularly successful campaigns against yellow fever in Cuba and Panama, which won him world fame. Parallel discoveries made possible the effective control of malaria. The first great campaigns against malaria were directed by Sr. Ronald Ross, the discoverer of the transmission of malaria by mosquitoes. Gorgas, too, played his part in malaria control. As a whole the fight against water-borne diseases has been more successful than that against air-borne diseases.¹³

Improvements in sewage disposal, pure water supplies, attention to personal hygiene and hygienic preparation and storage of foods received increasing attention.

The formal education of doctors, however, was lagging behind the brilliant discoveries in science. The American Medical Association had been founded in 1847 and was constantly pushing toward improvement of medical education. It fought to establish a code of medical ethics, promoted health measures, and generally sought to improve the professional status of physicians. The developments in medicine itself was the largest force demanding reforms and improvements in medical education. The first medical school to lead the reform movement was associated with Lind University in Chicago (presently Northwestern University). In 1859 Lind raised its entrance requirements and

¹³Ackernecht, p. 214.

lengthened its academic year to five months. The school received no support in its fight to raise educational standards until 1871 when Harvard instituted a three year graded course, a nine month academic year, and written and oral examinations. Within a few years, Pennsylvania, Syracuse and Michigan swung into line.

Then, in 1893, the Johns Hopkins University School of Medicine was established. A remarkable faculty was assembled there including William H. Welch, William Osler, William S. Halstead and other outstanding professors. This university drastically reshaped American medical education and set a pattern which persists today. From its inception Hopkins required a college degree as a prerequisite for admission, provided a four year graded curriculum, made extensive use of laboratories for teaching purposes, and integrated the hospital and college facilities to provide clinical training to advanced students. The institution flourished, and, within a few years, its students and professors were carrying the Hopkins' system to all parts of the United States.

The Carnegie Foundation employed Abraham Flexner, a man who had studied American higher education, to survey the field of medical education. Flexner's report was a damning indictment of medical education. In 1904 the AMA

created a permanent committee on education which two years later became the AMA council on medical education. The council had begun to classify schools on an A, B, C basis, evaluations which played a role in standardizing medical education. The Carnegie Foundation brought foundation money to the better schools, and, by improving them, forced the weaker schools out of business.¹⁴

Another outstanding discovery at the end of the nineteenth century was X-rays by Dr. Wilhelm Roentgen. The field of radiology was thus born. Originally the X-rays were applied only in the diagnosis of fractures and of foreign bodies but soon the scope of X-ray examination was extended.

The intravenous infusion of physiological salt solution came into use in the 1890s as a result of the effective sterilization of needles, tubing and solution. This immediately had a dramatic effect on the mortality of the various dysenteries which had been attended by severe dehydration.

The need for blood transfusions had been recognized for years but also was recognized as being unsafe. It was

¹⁴Albert S. Lyons, M. D., F. A. C. S., and R. Joseph Petrucelli, II, M. D., Medicine An Illustrated History (New York, N.Y.: Harry N. Abrams, Inc., Publishers, 1978), pp. 534-537.

not until 1901 when Landsteiner of Vienna discovered three main blood groups. A fourth group was discovered by DeCastello and Sturli in 1902. Then in 1909 Jansky of Prague defined and designated by letters the four main blood groups that we recognize today; A, B, AB, and O. Landsteiner's discovery of the blood groups solved the riddle of why some transfusions were successful while others were fatal. It now became apparent that to avoid such reactions, it was necessary to transfuse an individual with blood that matched his own blood group. Blood transfusions were used extensively for the treatment of the wounded in World War I but it was not until the latter part of the war that the citrate method of anticoagulation was sufficiently developed and standardized. Prior to using citrate in blood, a common problem was the coagulation of blood in the tubing or in the needle. With citrated blood the blood could be stored in bottles and administered when necessary. The introduction of intravenous fluids and blood for transfusion was a giant step forward in the treatment of various medical and surgical problems.

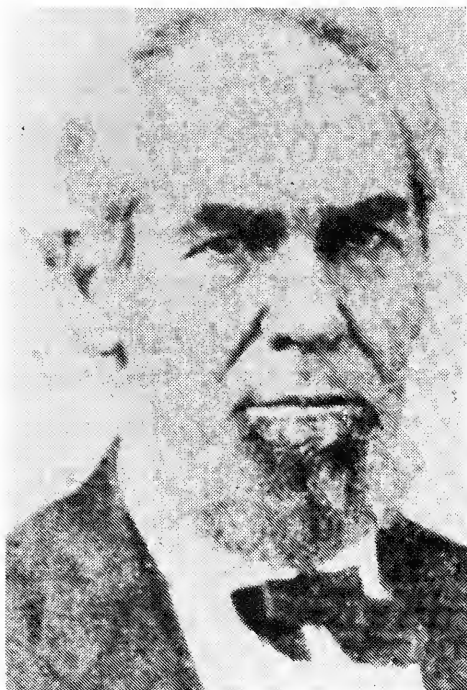
By 1920, the avenue of approach to modern medicine was being well paved. The elaboration of the germ theory, the development of aseptic surgery, the rise of preventive medicine and development of antitoxin, the development of

intravenous fluids and availability of blood transfusions, as well as the advancement in the quality of medical education formed the foundation for the enormous strides witnessed in the twentieth century.

CHAPTER IV

MEDICAL PRACTICE IN RUTHERFORD COUNTY 1860-1920

The Medical Society of Tennessee met in Murfreesboro in 1861. Benjamin Ward Avent was elected its president but he had little opportunity to preside over the society for the storm clouds of war were gathering. After forty years of increasing bitterness and misunderstanding between the North and the South a division seemed inevitable. A movement for secession of the southern states began in 1860, and in December of that year the first southern state, South Carolina, seceded. In February, 1861, the Confederate States of America was formed but there were only seven states as members at that time. Tennessee showed little enthusiasm for South Carolina's position and remained loyal to the union as evidenced by her vote for the constitutional candidate, John Bell, in 1860, instead of the pro-slavery candidate, Breckenridge. Rutherford County also cast its vote for Bell. Furthermore, Tennessee did not believe that the election of Lincoln was sufficient ground for secession, and took the lead in trying to effect a compromise. In January, 1861, the Legislature submitted the question of secession to the people and the people voted against secession, but the firing on Fort Sumter changed the situation. On May 6, 1861, the Legislature passed an act to organize and equip a provisional force. On the same



Dr. Benjamin W. Avent
President
Tennessee Medical Association
1861-1863
and
1877-1878

day, it voted to resubmit the question of secession to the people. This time the state voted for secession by over a two to one margin. There was an overwhelming vote for secession in Rutherford County.¹ Fort Sumter made war inevitable and President Lincoln's call for troops revealed that war was to be carried into the South. In June Tennessee formally withdrew from the Union and was the last state to secede. Dr. Avent was appointed by Governor Harris as the Surgeon General of the Provisional Army of Tennessee, and he continued in that position until Tennessee's army was turned over to the Confederacy.²

An unheralded but vital contribution to the Provisional Army of Tennessee was the establishment of the Medical Board of Tennessee and the office of Surgeon General by Governor Harris. This department was considered to be one of the best in the South. Under the vigorous leadership of Surgeon General B. W. Avent, a solid medical department was founded. A tireless worker, Avent assigned surgeons to each state regiment and established central hospitals throughout Tennessee.³

¹Carlton C. Sims, Editor, A History of Rutherford County (Murfreesboro, TN.: Reprinted by Rutherford County Historical Society, 1981), pp. 41-42.

²Phillip M. Hamer, Editor, The Centennial History of the Tennessee State Medical Association 1830-1930 (Nashville, TN: Tennessee State Medical Association, 1930), p. 137.

³Harris D. Riley, Jr. and Amos Christie, "Deaths and Disabilities in the Provisional Army of Tennessee," Tennessee Historical Quarterly, V. 43 (1984), 149-150.

War fever was spreading in the area. A citizen of Murfreesboro wired Nashville: "All excited and aroused. All united. Secession flag waves over us. All for war."⁴

April 16, 1861 (Beech Grove)

This has been quite a cold day. The ground is completely saturated with water. Crops will be late. The war has begun. Fort Sumter was taken last Saturday and Major Anderson was taken prisoner. There is a general belief that a general war will ensue between the sections. Blood has flowed and the cry is becoming universal--Give us liberty or give us death! The South has our sympathy and when she falls we will be found within the ruins and rubbish of that, our proud fabric of human liberty.⁵

Rutherford County is said to have furnished more men to the cause of the Confederacy than any other county in the state in proportion to its population. She furnished infantrymen to twenty different regiments and cavalrymen to more than a dozen regiments.⁶ The physicians also rushed to the aid of the Confederacy. Thirty-one physicians in the area provided their professional services to the Confederacy. Nine other individuals fought for the Confederacy who became physicians after the war. Approximately one-fourth of the physicians in the area were commissioned into the Confederate Army.

⁴Sims, p. 42.

⁵William M. Hoover, M. D., diary entry.

⁶Sims, p. 94.

Area Physicians Serving in Civil War

C. C. Abernathy	*Pleasant H. McBride
Surgeon	(Beech Grove)
B. W. Avent	William H. McCord
Surgeon-General	Surgeon
Prov. Army Tenn.	Lyman B. McCrary
(Murfreesboro)	Surgeon
*Thomas J. Bennett	(Woodbury)
Samuel P. Black	Thomas C. McCrary
Ass't. Surgeon	Ass't. Surgeon
James N. Bridges	(Bell Buckle)
H. H. Clayton	Allen P. McCullough
Surgeon	(Milton)
(Murfreesboro)	Armstrong E. McKnight
Robert W. Couch	Surgeon
Surgeon	(Porterfield)
(Wartrace)	James B. Murfree
*John James Covington	Surgeon
(College Grove)	(Murfreesboro)
Benjamin F. Duggan	*Robert Owen
Surgeon	(College Grove)
(Unionville)	John Patterson
John N. Dykes	Surgeon
Surgeon	George W. Robinson
Thomas J. Elam	Surgeon
Surgeon	(Big Spring)
Watson M. Gentry	Leonard N. Sanders
Surgeon	Ass't Surgeon
(College Grove)	(Smyrna)
*Nathaniel Gooch	Samuel W. Scales
James W. Gowen	Surgeon
Surgeon	(Triune)
(Auburntown)	Ephraim A. Speer
G. W. Harris	Ass't Surgeon
Surgeon	(Readyville)
(Walter Hill)	John W. Steele
Robert B. Harris	Surgeon
Surgeon	(Deason)
*Henry M. Hearn	Robert F. Tatum
(Woodbury)	Surgeon
William M. Hoover	(Woodbury)
Surgeon	H. Joseph Warmuth
(Beech Grove)	Ass't. Surgeon
*Robert N. Knox	(Smyrna)
Amasa W. Manire	Robert S. Wendel
Ass't. Surgeon	Surgeon
(Eagleville)	(Murfreesboro)

Area Physicians Serving in Civil War (continued)

B. N. White
William Whitson
Surgeon
(Fosterville)

*Thomas W. Wood
(Woodbury)

*Studied medicine after the war.

Governor Harris offered the Provisional Army of Tennessee to Jefferson Davis on July 2, 1861, but the transfer of the state army to the Confederacy did not begin until July 31. Confederate officers had to travel to each camp and outpost of the state troops to muster the men into Confederate service. When the Provisional Army of Tennessee was transferred to Confederate service, it boasted twenty-four regiments, ten artillery batteries, an engineer corps, quarter-master corps, a medical department, and an ordnance bureau.⁷ After Tennessee's army was turned over to the Confederacy, Dr. Avent served as a surgeon in the Confederate Army and he served successively as medical director of the army corps of General A. S. Johnston and of General Breckenridge.⁸

No area of Tennessee and probably no equal area of the entire South can point to as many fingerprints of the war as can Rutherford County. War came time and time again, and not only to the doors, but to the very firesides and dining tables of Rutherford County families. The section west and northwest of Murfreesboro bore the brunt of the burden, though no area escaped the ravages of war.

Geographically, Rutherford County is in the exact center of the state. For that reason, Murfreesboro and the surrounding county afforded a strategic position in the control of the state. Moreover, good roads radiated in every direction from the town, and the Nashville and Chattanooga Railroad, a most

⁷Riley, p. 138.

⁸Hamer, p. 137.

vital artery, bisected the county. The eyes of both armies were upon Rutherford County. During the late summer and fall of 1862, the Confederate Army hoped to hold the county, and even in the early winter of that year when Jefferson Davis, Commander-in-Chief of the Confederate Army, visited the army at Murfreesboro, the prospects for the reorganized and heavily reinforced Confederate Army of Tennessee looked rather good. General Braxton Bragg was in charge of this army. This was the army that was to fight the three-day Battle of Stones River against the Union Army of General Rosecrans.⁹

With the fall of Fort Henry and Fort Donelson, Nashville became vulnerable and was occupied by the Union Army. When the Confederates withdrew from the Murfreesboro area, the Union forces occupied Murfreesboro in the spring of 1862. General Forrest's daring raid in July of 1862 brought Murfreesboro again into Confederate hands, but the Union Army was still massed in the Nashville area, and in December, 1862, began to move south toward Murfreesboro, setting the stage for the Battle of Stones River. The battle began December 31, 1862.

Provost Marshall John Fitch wrote what he saw among the hosts of Union wounded: "Those who witnessed surgical operations at the noted brick house hospital will never forget those scenes. They were the headquarters for cases requiring amputation; and, at times, three tables were thus in requisition. Human limbs and pieces of flesh

⁹Sims, p. 89.

cast outside the house, through the windows, would fill a cart load. The floors ran rivers of blood, and the surgeons and attendants resembled butchers at work in the shambles."¹⁰

Many witnesses testified to the uproar in the town of Murfreesboro. "Confusion reigns supreme," wrote a wound rebel. "Thousands of prisoners and wounded without number occupied the town which was almost entirely set apart for a hospital for the wounded and dying."

A hospital had been set up in a church visited by a young Tennessean who had just been walking over part of the battlefield. "Here I saw more horrible sights, if possible," he reported, "than I had already seen. The groans and cries of suffering soldiers rang long in my ears." One soldier obviously in agony made a vivid impression, insistently calling out to him, begging that he take a knife and cut a bullet out of his hand. At last, a doctor came up, took out the bullet and dressed the wound.

A lady who went into Murfreesboro in search of her son wrote, "On entering town, what a sight met my eyes! Prisoners entering every street, ambulances bringing in the wounded, every place crowded with the dying. The churches were full of wounded, where the doctors were amputating legs and arms."¹¹

There was not enough room for all the wounded. Make-shift hospitals had been established in schools, churches, hotels, and homes while in some cases the wounded were simply stretched out in the halls or on porches and sidewalks.¹²

¹⁰James Lee McDonough, Stones River--Bloody Winter in Tennessee (Knoxville, TN.: The University of Tennessee Press, 1980), p. 158.

¹¹McDonough, p. 164.

¹²McDonough, p. 203.

A hospital had been set up in the court house. The wounded waited patiently for the overworked doctors to examine their wounds. The doctors who remained in Murfreesboro undoubtedly were all working feverishly to help the wounded. The Confederate Army retreated and Murfreesboro remained occupied by Federal troops the remainder of the war.

Before the Battle of Stones River, while the Federals were in control of Murfreesboro in 1862, they issued an order forbidding anyone to engage in his business or profession unless he first took an oath of allegiance to the Federal government. Not a lawyer, doctor, merchant, undertaker, nor minister of the gospel would subscribe to the oath. Mr. Sam Winston, a man of excessive wit and humor, commented, "The time has come when a man can't get a lawyer to defend his legal rights; a doctor to protect his health; a druggist to sell him medicine; an undertaker to bury him; nor a preacher to save him from hell."¹³

Dr. William Baskette was arrested by the Federals for treating Confederate soldiers, but was later released by Dr. Moses, a Federal surgeon. After the Battle of Stones

¹³C. C. Henderson, The Story of Murfreesboro (Murfreesboro, TN.: The News-Banner Publishing Co., 1929), p. 81.

River, he was employed in Confederate hospitals, made their surgeon-in-chief, and remained with the hospitals for about six months. When in 1863 he was arrested for the third time and sent to Fort McHenry as a prisoner of war, he was released on parole, went to Georgia, returned to Tennessee with Hood's army hoping to reach his family. Dr. Thomas C. Black was also arrested by the Federals and was a prisoner in the court house when General Forrest made his raid; he was one of the prisoners freed by General Forrest.

The physicians from the area who were serving the Confederate Army had their hands full. These physicians were treating battle wounds, certainly, but of even more consequence were the diseases which decimated the troops. The overwhelming majority of deaths in the Civil War resulted from the ravages of disease. Approximately three out of every five Union and two out of every three Confederate deaths were caused by illness. There were eruptive fevers, measles, scarlet fever, small pox, erysipelas and others. Diphtheria appeared irregularly. The so-called camp diseases were diarrhea, dysentery, malaria, and typhoid fever. Of the contagious diseases, measles was the most important from the standpoint of numbers, serious complications, and easy communicability. During the early months of the war, more disability was caused by measles

than any other disease, but typhoid fever, along with dysentery and malaria, were the leading killer diseases in the Civil War.

An important lesson soon learned in the Civil War was that men from rural and up-country districts suffered more from disease than did those from an urban background. Since most southerners were rural residents, they lived in relatively isolated environments and, hence, had not been exposed as frequently to these diseases. This helps to explain why there were so much disease within their ranks. . . . Young soldiers from rural areas had not been exposed to them and when they were crowded together in the usual military environment, then troops became fertile candidates for contagious infections.¹⁴

Injury on the battlefield and surgery in the hospital were followed by dangerous and frequently fatal secondary infections. The most feared were erysipelas, pyemia, and gangrene. Erysipelas and pyemia are usually caused by streptococcal infections and these infections were highly fatal. Despite such formidable handicaps, the southern surgeons kept at their tasks, working diligently with what they had available to help the wounded and sick.

The medical practitioners of the South gave their lives and fortunes to their country, without any prospect of military or political fame or preferment. They searched the fields and forests for remedies; they improvised surgical implements from the common instruments of every day life; they marched with the armies, rescued the wounded on the battlefields, binding up the wounds, and preserving

¹⁴Riley, p. 146.

the shattered limbs of their countrymen; through four long years [they] opposed their skill and untiring energies to the ravages of war and pestilence.¹⁵

The North had effectively blockaded the South. Therefore, medical supplies were very difficult to obtain and the medical personnel worked against terrible odds, frequently having no medications to ease the suffering of the soldiers. Later as the fortunes of the South waned and the southern soldier was preyed upon by exhaustion, exposure and the effects of an inadequate diet, disease became rampant but even the hospitals frequently could not provide adequate nutrition.

A raid against the ravages of disease and injury in the southern armies was the Confederate Medical Service. . . . to the surgeons of the medical corps is due the credit of maintaining troops in the field. Their tasks were demanding and difficult, requiring, in light of the seemingly insurmountable obstacles which confronted them, a nearly super human effort.¹⁶

In our nation's history the Civil War was the bloodiest conflict. The number of deaths in the Civil War, approximately 625,000 men, North and South, is greater than all our other wars together. And when we realize that of these

¹⁵James O. Breeden, Joseph Jones, M. D., Scientist of the Old South (Lexington, KY.: The University Press of Kentucky, 1975), pp. 228-229.

¹⁶Breeden, p. 227.

deaths most were due to illnesses rather than battle casualties, it emphasized the need for preventive medicine which was to begin its development later in the century and be available to lessen the casualties in future wars.¹⁷

Dr. J. B. Murfree was the surgeon in charge of a Confederate hospital which had been established on the campus of Emory and Henry College in Virginia near Saltville. He experienced a brush with Champ Ferguson, the infamous Confederate guerrilla. There had been a battle near Saltville which the Confederates won, and in which several prisoners were taken, among whom were many wounded who were confined for treatment in Dr. Murfree's hospital. The Federal wounded were placed on the third floor of a building, access to which was attained by a stairway on either end of the building. The stairways were each guarded by a Confederate sentry to prevent escape of the Federal prisoner. Champ Ferguson and his men rode in one day, hitched their horses, overpowered one of the sentries and gained access to the Federal prisoner area of the hospital. Champ was looking for a Lieutenant Smith for whom he carried a grudge, the exact nature of which was never determined. When he located Lieutenant

¹⁷Riley, p. 139.

Smith, the latter was wounded, lying on a cot but conscious. Champ approached him, drew his pistol, told him he was going to kill him and shot him through the head. The commotion was reported to Dr. Murfree by a nurse. Dr. Murfree went immediately to the building and confronted Champ Ferguson asking him and his men to leave the area immediately, that this was a Confederate hospital for the treatment of the sick and wounded, and they had no business there. Champ threatened to kill him and pulled his revolver, aiming it directly at Dr. Murfree's chest. Fate intervened in that one of Champ's own men stepped between Champ and Dr. Murfree, prompting Champ to desist in his threat, and he left without harming Dr. Murfree.¹⁸

Dr. H. H. Clayton experienced at first hand the horrors of Andersonville Prison. He was stationed there as a prison surgeon.¹⁹ Andersonville had been established in Georgia as a stockade for Federal prisoners. The Confederacy at this time was sorely pressed on every side and the southern leaders were simply unable to provide for such a large number of prisoners. They had tried to exchange them with the North but to no avail. Supplies

¹⁸Thurman Sensing, Champ Ferguson Confederate Guerilla (Nashville, Tenn.: Vanderbilt University Press, 1942), pp. 178-180.

¹⁹Confederate Patriot Index, V. 1, 1894. Tennessee Division United Daughters of the Confederacy.

were a problem because of the northern blockade. There was a shortage of food, clothing, medication, bedding, a situation which created the suffering and death experienced at the prison. At the end of the war outraged northerners vehemently contended that Andersonville's unspeakable horrors were the result of a cold-blooded conspiracy by leading Confederates to murder helpless prisoners; on the other hand, the southern apologists, although fewer in number, vociferously countered attributing the suffering and death to the prostrate state of the Confederacy.

The sick in the prison were housed in several long sheds. They were two story but were open on all sides. Those patients treated here lay upon bare boards, or upon such ragged blankets as they possessed without any bedding, not even straw. Pits designed to serve as latrines had been dug within a few feet of the lower floor but were seldom used because of neglect and the debilitating effect of scurvy, diarrhea, and dysentery.

Conditions in the hospital were perhaps even more distressing. Situated on a five acre site, it was plagued by all of the stockade's major problems. The water supply, a stream also, had been quickly turned into an immense cesspool. The ensuing stench was exacerbated by the proximity of the stockade, for the marsh into which its filth laden stream emptied lay nearby.

More than two thousand patients and attendants had been crowded into this confined area with predictable results. There was such a shortage of space that many of the sick were forced to pitch their tents within a few yards of the stream, even that portion used for a privy. Shelter was grossly inadequate. In general the patients were poorly supplied with old and ragged tents but some of them

had neither protection against the elements nor bunks and lay upon the ground oftentimes without a blanket.²⁰

Dr. Joseph Jones, Confederate surgeon, was sent to Andersonville to study the various diseased states. He was outraged by the almost absolute neglect of the personal cleanliness of the sick by the prison. An extreme shortage of medical officers worsened the plight of the sick. The surgeon in charge found it virtually impossible to induce physicians to come to Andersonville. Jones attributed this situation to a variety of factors:

The absence of necessary facilities, the consequent unsatisfactory results of practice and distressing nature of the duty, the remoteness of the area, the pressing medical problems in other parts of Georgia created by Sherman's invasion, the scarcity of physicians in the Confederacy, and finally, the nature of the conflict, which tended to excite such prejudices as would disincline medical officers from voluntarily seeking service amongst the captive enemies. Those that did come frequently became so thoroughly discouraged that they endeavored to get transfers to other fields of labor, preferring the hardships and exposures of service at the front. Those who braved the obstacles and stayed were often unable to perform their duties because overwork and exhalations from the sick and filth disabled them. This was especially true of the surgeons serving in the stockades.²¹

²⁰Breeden, pp. 183-184.

²¹Breeden, p. 185.

So, it would appear that Dr. Clayton must have endured a very miserable service attending the sick at Andersonville. Amid such conditions he probably suffered some of the diseases himself.

In a lighter vein Dr. C. C. Abernathy and Dr. John Bridges became friends in the service; both were surgeons. Dr. Abernathy induced Dr. Bridges to come to Rutherford County to practice at the end of the war. While working together at a Confederate hospital examining patients' wounds, one soldier had a gunshot wound in the knee and Dr. Abernathy was examining him for the presence of "laudable pus." The doctors judged the seriousness of infection by the odor of the pus emitted from the wound. A disagreeable odor usually meant the development of gangrene, attended by certain death. Dr. Abernathy asked Dr. Bridges, who had red hair and a full red beard, to examine the wound. When Dr. Bridges bent down to smell the wound, his beard was contaminated by the exuding pus along with the contaminating maggots which provided some humorous relief from the tedious and tense work of attending the sick.²²

The guns fell silent at Appomattox in 1865 and peace was restored. This senseless fratricidal struggle

²²Related by the late Dr. Robert Abernathy, great grandson of Dr. C. C. Abernathy, at an interview in 1982.

resulted in the loss of over 600,000 lives during the war itself and untold thousands undoubtedly died later from disease or injury incurred during the war which pushed the death toll considerably higher. Allan Nevins has written, "We lost not only those men, but their children, and their children's children. We have lost the books they might have written, the scientific discoveries they might have made, the inventions they might have perfected. Such a loss defies measurement."²³

At the war's end the Rutherford County physicians and area physicians returned to their homes to pick up the pieces and try to start anew, but some were permanently scarred from the ravages of disease and some were not to return. Dr. George Whitfield Robinson, who practiced in Big Spring, served as a captain in the war. He was wounded and captured but not imprisoned. He helped in the enemy hospital. His wound became infected and he died in 1863 in Kentucky. His body was brought as far as Lebanon under military escort, then turned over to his wife who brought him home in a wagon and buried him in the family cemetery.²⁴

²³Allan Nevins, "The Glorious and the Terrible," Saturday Review, V. 44 (September 2, 1961), 46-47.

²⁴Margaret M. Powell, "Big Springs," Rutherford County Historical Society, Publication No. 22 (Winter, 1984), p. 37.

When the Civil War had dragged out its years of destruction of human life and property, and Tennessee found herself still a state of the United States and not of the Confederacy, the physicians of the state, many of whom had given four years of their life to military service, took up again the work of organizing their profession into an instrument that would serve both them and their public.²⁵

Dr. B. W. Avent, president of the state society at the beginning of the war, resumed his practice in Murfreesboro at the end of the war. He issued a call to the Medical Society of Tennessee to meet in Nashville April, 1866. Reorganization of the medical society thus began. The state medical society called for the reorganization of the local medical societies that medicine might once again continue its organized work. The Rutherford County Medical Society must have reorganized soon after the end of the war. Dr. John W. Richardson gave a paper before the Rutherford County Medical Society on May 2, 1867. The paper is interesting because it shows the advancement in medical thinking toward treatment of disease. Dr. Richardson's paper was entitled "Indications for Stimulants"; he emphasized the importance of using such medication as a stimulant to the various systems of the body along with anodynes for the relief of pain and adequate nutrition,

²⁵Hamer, p. 73.

all of which should support the patient in disease to a much better extent than the older means of therapy.

When I was an office student, (More than thirty-five years ago), I was often sent around by my Preceptor to visit his patients, with a standing order to bleed those who had fever, provided they had not already been bled; and if they had been bled, the fever still being high, to bleed them again. Did it cure them? It did not. Did it relieve--break up the fever? I think not. Well, what did it do? It "weakened" them--sometimes very much; and the theory was, by this kind of treatment you lessened the chances of inflammation. How then did we proceed? We bled, puked, purged, and starved our fever patients, and all others with phlegmasiae and local inflammations, until they looked like they would die from debility, poverty and exhaustion. When coming to the conclusion that there was no danger now of exciting inflammation, and knowing not what other medicines to give, we commenced with wine, barks, bitter tonics, mineral acids, and something to eat, when they began to improve, unless they had been run so far down that stimulants would have no effect.

I will not say to you, "Don't bleed at all," but I do say, "When the skin is pale, circulation weakened and the patient nearly exhausted, try the other plan. I guess you will never repent it."

Dr. Richardson discussed in the paper the treatment of convulsions, the treatment of pain, of certain nervous diseases and fevers, and said, "Give them stimulants and nourishing diet and make them sleep; if these don't save them, nothing will." He commented in the paper that most of the physicians had abandoned the practice of bleeding in patients with fever since about 1844 or 1845 but certain other types of illnesses apparently continued to be treated by bleeding. He further discourses:

And whereas, the rule of thirty-five years ago was to bleed, puke, purge and starve--the rule now is to feed your patients, puke them only when you want to empty the stomach of some offending matter--purge them only so as to obviate fullness and constipation of the intestinal canal, and give them stimulants and anodynes as medicine. Prostration attends our fevers from the beginning. I ask, is it good treatment, to further debilitate a patient who has already great lassitude and cannot be kept in an erect posture without syncope?²⁶

The Tennessee Medical Society met in convention in Nashville in April, 1868. The president, Dr. Lipscomb, appointed Dr. John W. Richardson, Dr. C. C. Abernathy, and Dr. B. W. Avent to be among the eighteen delegates from the Tennessee society to the American Medical Association which was to be held in Washington, D. C., in May, 1868.²⁷

Dr. Samuel B. Robison read a paper before the Rutherford County Medical Society in 1869 on cholera infantum in which he describes the symptoms of the disease and the treatment, once again resorting to the ubiquitous calomel as recommended treatment in combination with ipecac. His reasoning for the use of calomel was to stimulate the liver.

During the unchecked violence of the disease, all food taken is either ejected by the stomach, or passes through the bowels in a short time totally

²⁶John W. Richardson, M. D., "Indications for Stimulants," Nashville Journal of Medicine and Surgery, V. 3 (1868), 65.

²⁷"Tennessee Medical Society Proceedings," Nashville Journal of Medicine and Surgery, V. 3 (1868), 479.

undigested, having undergone no other change than that of extreme acidulation. These facts are demonstrable in almost all cases of the disease. Now, I would ask the question: If the liver is acting at all, why is there not some bile in the stools? And if the fact is apparent that the liver is not acting, then the question arises, has the diseased state of the bowels suspended the action of the liver? If not, may we not readily conclude that a suspension of the liver's action has become the prime cause of the derangement of the bowels? From this fact, of itself, that a restoration of the biliary secretion relieves all the derangement of the bowels. With this array of facts before us, the only rational plan of treatment is plainly suggested; bringing about a healthy action in the liver, and the disease is at once arrested.²⁸

He used the calomel in doses sufficient to produce bilious discharges, so it would seem that although new insights were developing in therepeutic medicine, some old ideas stubbornly held their place.

The controversies centered around venesection stimulated debates at meetings as well as in the scientific literature. Dr. C. C. Abernathy, who formerly practiced in Murfreesboro but who was a native of Giles County and practiced there most of his professional career, submitted an article on blood-letting for publication in 1871. It was read before the Tennessee State Medical Society that year. It was his opinion that venesection still had its place in the therapy of disease.

²⁸Samuel B. Robison, M. D. "Cholera Infantum," Nashville Journal of Medicine and Surgery, V. 4 (1869), 573.

Twenty-five years ago an argument in support of venesection as a potent and efficient remedial agent would have been regarded by the majority of the profession a work of supererogation.

Now however, what was then esteemed as "principles remedia" in the reduction of inflammation, is discarded by a large and respectable number of the profession, and has the seal of condemnation stamped upon it. Into such disrepute has it fallen, that he who advocates it hazards the risk of being branded as old foggy, or esteemed a plodder in his chosen profession. . . .

I regard the almost general abandonment of the lancet as a great public calamity. I believe that untold numbers of precious lives have been lost for want of timely and judicious blood-letting, and myriads more are doomed to fill premature graves unless we retrace our steps and start anew in the right direction.

He suggested the profession should imitate the examples of Armstrong, Eberle, Chapman, Stokes, Physic, Wood and other great "lights" in the profession (late eighteenth century and early nineteenth century physicians who were prominent as medical educators and advocated the lancet). He also referred to the work of Austin Flint (one of the pioneers in physical diagnosis of heart disease) and others who opposed venesection. Dr. Abernathy further discoursed:

Our physical surroundings change, and men change, but principles are immutable. If venesection was ever right, it is right now. The greatest men of the world have advocated and practiced it. Let us see if they were right. Under what circumstances is venesection indicated?

Area Physicians During the 1860s

J. J. Abernathy (Murfreesboro)	Henry Huey Clayton (Murfreesboro)
James E. Arnette (Cannon County)	Walter Preston Coleman (La Vergne)
Edward Austin (Woodbury)	Wm. Cowden Cook (Murfreesboro)
Benjamin Ward Avent (Murfreesboro)	John B. Copeland (Nolensville)
John Baird (Murfreesboro)	Joseph W. Davis (Smyrna--La Vergne)
Wm. T. Baskette (Murfreesboro)	James H. Dickens (Readyville)
J. K. Bedford (Murfreesboro)	Thomas J. Elam
B. H. Bilbro (Milton)	John S. Fletcher (Murfreesboro)
Jesse Bivins (Murfreesboro)	W. R. Freeman (Murfreesboro)
Samuel P. Black	John Wesley Gaines (Antioch)
Thos. C. Black (Walter Hill)	John Gannaway (Fairfield)
Jonathan Bostick (Triune)	Watson Meredith Gentry (College Grove)
Thomas King Bostick (Milton)	James W. Gowen (Auburntown)
Smith Bowlin (Bell Buckle)	Elias Tidwell Gray (Versailles)
Alexander B. Buchanan (La Vergne)	Isaac H. Gray (Nolensville)
William G. Burrows (or Burrus)	Addison P. Grinstead (Treppardsville)
Dr. Chamberlain (La Vergne)	C. W. Hale (Cannon County)
Marion Chandler	John W. Hall (Hall's Hill)
Ephraim Charlton (Davidson County)	Robert B. Harris (Jefferson)
George Washington Charlton, Jr. (La Vergne)	Joseph Hase
James Hamilton Charlton	Eugene Henderson
Joseph Charlton	A. A. Hendrix (Murfreesboro)
Edwin Childress (Millersburg)	William Murphree Hoover (Beech Grove)
W. F. Chrisman (Nolensville)	Ruben D. Hubbard (Auburntown)
John W. Clary (Unionville)	

Area Physicians During the 1860s (continued)

William Hughes (Bell Buckle)	Samuel B. Nelson (La Vergne)
William M. Hutton (Middleton)	Charles T. New (Woodbury)
R. W. January, Sr. Clement Jordan (Triune)	G. Osborn, Jr. (Wartrace)
J. W. King (Murfreesboro)	John Patterson Wm. Squires Posey Medicus Ransom
Lewis W. Knight William H. Lytle (Murfreesboro)	J. Ransom (Versailles)
James Maney (Murfreesboro)	John W. Richardson Thomas Skidmore Richardson (Eagleville)
Amasa W. Manire (Eagleville)	Wm. Temple Richardson John R. Rickman (Wilson County)
Phillip H. Manier (Fairfield)	Higdon J. Robertson (Jefferson)
James Edward Manson (Blackman)	George Whitfield Robinson (Big Spring)
J. H. Martin Robert W. Martin (Milton)	Samuel B. Robison William R. Rucker Leonard Newton Sanders
William C. Martin Wm. Harrison McCord (Eagleville)	James Searcy (Beech Grove)
Lyman Beecher McCrary (Woodbury)	Henry Shacklet (Davidson County)
Thomas Chapman McCrary (Bell Buckle)	J. Sharber (Versailles)
Allen Posey McCullough (Marshall County)	Robert G. Shaw (Bedford County)
Armstrong Eagleton McKnight (Milton)	Walter Sims (Wartrace)
Joseph M. McLean George W. McWhirter (Auburntown)	Robert Smith (Davidson County)
E. S. Milton (Fosterville)	Taswell Sidney Smith (Murfreesboro)
John H. Morgan (Murfreesboro)	John B. Snellings (Wartrace)
James B. Murfree, Sr. (Murfreesboro)	John M. Stenson (Bell Buckle)
Joseph B. Muse (Fairfield)	A. Stoville (Beech Grove)
Joseph H. Nelson (La Vergne)	Charles Finley Sutton (Bell Buckle)

Area Physicians During the 1860s (continued)

Robert Fountain Tatum, Sr. (Woodbury)	E. D. Wheeler (Murfreesboro)
Edmund J. Taylor (Bradyville)	T. D. Whitaker (Marshall County)
Nimrod Whitefield Thompson	John J. White (Davidson County)
Sam W. Thompson (Wartrace)	Samuel K. Whitson (Fairfield)
James R. Turner (Marshall County)	William Whitson (Fosterville)
Henry Joseph Warmuth (Smyrna)	H. R. Williams (La Vergne)
L. V. Warren	Harrison Whitfield Winstead (Nolensville)
L. M. Wasson (Murfreesboro)	A. T. Wood (Murfreesboro)
J. L. Webb	Stephen Henry Woods (Bradyville)
Sam Webb (Williamson County)	William C. Work (Fosterville)
James Wendel (Murfreesboro)	Hillary H. Yeargan
Robert S. Wendel (Murfreesboro)	

When those organs or tissues most essential to life have become the seat of active inflammation or congestion. In what way does blood-letting relieve inflammation? First, by reducing the force of the heart's action. Second, by relieving the turgescence of the bloodvessels of the inflamed part. Third, by diminishing the fibrine, which is largely increased beyond its normal proportion to the other constituents of the blood. Fourth, by exciting the action of the absorbents, and thereby removing the morbid products of the inflammation. Fifth, and lastly, by stimulating indirectly, the depressed nerve centres to resume their natural control of the system at large.

He believed that the withdrawal of blood promoted the removal by absorption of "morbid" products which were detrimental to life, especially the products of inflammation. He pointed to the fact that in pleuritis (pleurisy), a very painful condition, venesection relieved the pain and allowed the patient to breathe more freely. He also observed that venesection was helpful in certain types of fever. He concluded:

The opprobrium which rests upon it is neither sustained by convincing argument nor actual experience, the opinions of Rokitsansky, Aitken, Niemeyer, Flint, to the contrary, notwithstanding.²⁹

Dr. J. F. Fryar of Triune wrote the Nashville Journal of Medicine and Surgery in 1871 criticizing the views of a Doctor King who had written an article on the determining cause of labor at full term which had been

²⁹C. C. Abernathy, M. D., "Blood-Letting," Nashville Journal of Medicine and Surgery, V. 7 (1871), 200.

published in the American Journal of Obstetrics. Dr. Fryar found fault with some of Dr. King's reasoning and went on to expound on the influences of solar phenomena in determining the onset of labor. He felt that more information would be obtained if we made a comparison of statistical records and astronomical calculations which would give us the relation of the earth to the sun, moon, and other planets at any given time; such would give a more definite idea of the primary cause of labor at full term.³⁰ Many physicians of that day held to the notion that labor started with various phases of the moon.

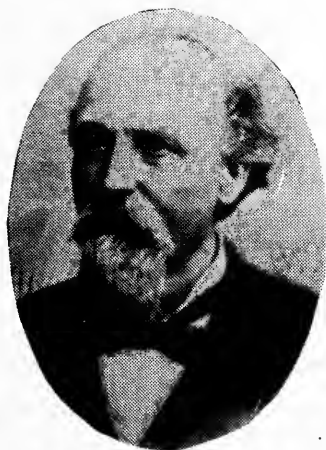
Dr. John Richardson was particularly interested in puerperal convulsions (convulsions which develop at the time of delivery). He did a nice piece of statistical work on this. He distributed about four hundred circulars, and placed notices in several medical journals requesting the cooperation of physicians who had seen these type cases. He had 54 physician contributors with 297 cases reported and found that primiparas (first pregnancy) encountered the convulsions almost three to one as compared to the multiparas (had had previous pregnancies). Also convulsion before delivery was almost three to one to convulsion

³⁰J. F. Fryar, M. D., "Determining Causes," Nashville Journal of Medicine and Surgery, V. 8 (1871), 3.

after delivery. The mortality rate in the mothers was almost 60 percent and the mortality rate of the infant also was close to 60 percent. He requested the doctors to furnish him with their methods of treatment and he stated that the prominent idea with the profession was that the convulsions were caused by "hyperemia" of the brain and consequently the lancet was freely used to alleviate this. He commented, however, that many physicians have almost entirely discarded the lancet as a means of arresting the convulsions and were directing their attention to a different class of treatment. He did not go into his preferred treatment of the condition.³¹

Dr. C. C. Abernathy was elected president of the Tennessee Medical Association for 1873-74 and was serving in that capacity when Middle Tennessee experienced another cholera epidemic in the summer of 1873. It was spread from Memphis to Nashville and thence into Rutherford County and the surrounding counties. Nashville was particularly hard hit and there were several cases in Murfreesboro but the epidemic did not reach the proportions in Rutherford County as it did in 1833 and 1835. The epidemic was spread

³¹John W. Richardson, M. D., "Puerperal Convulsions," Nashville Journal of Medicine and Surgery, V. 10 (1872), 21.



Dr. Charles C. Abernathy

President

Tennessee Medical Association

1873-1974

primarily by the people visiting Nashville for the Nashville Industrial Exposition. It was in full swing in May 1873. Hundreds of people were contaminated by the drinking water. They in turn, spread the disease to outlying communities. It reached Murfreesboro on June 1.³²

Dr. P. C. Coleman reported a case of head wound to the Rutherford County Medical Society in May, 1874. The patient was a teenager who had received a blow from a rock, and the wound apparently was sufficient to have produced contusion of the brain, for the patient developed convulsions, and, according to Dr. Coleman, had a total of one hundred convulsions before he gradually began to improve. Doctors Neely and Black saw the patient in consultation with Dr. Coleman. Interestingly, the treatment used was a purgative since his bowels had not operated. It was observed that the patient had a very full and hard pulse; the doctors, therefore, agreed to bleed him freely and they observed that he seemed to be relieved in some respects but continued to have convulsions all night. They tried chloroform but this did not control the convulsions. After he was bled the treatment consisted simply in keeping his bowels opened and the

³²John B. Thomison, John B., M. D., "The Middle Tennessee Cholera Epidemic of 1873," Journal of the Tennessee Medical Association, V. 68 (1975), 887.

use of chloral hydrate to produce sleep. The patient recovered spontaneously.³³

Dr. James Brickell Murfree had become a member of the Medical Society of Tennessee in 1860 and in that same year was elected its secretary and treasurer. After the war he resumed his active participation in the state society and was honored by being selected its president in 1874-75.

Dr. J. W. Davis of Smyrna reported a case of depressed skull fracture in which he, assisted by Doctors Harris and Weakley, made an incision over the wound after anesthetizing the patient with chloroform. He raised the scalp well back over the sound side, made a trephine hole in the bone, pulled the disk of bone out, and, with an elevator manipulated into the trephine area, elevated the depressed portion of bone to its proper place. They then took stitches in the scalp, leaving a small opening for the escape of blood and matter. Following treatment cold water dressings were used, then poultices until suppuration set in. Then "dry clay dust" was used. The internal treatment was two small doses of calomel the first night, and

³³P. C. Coleman, M. D., "A Case of Contused Wound of the Head, Followed by Convulsions," Nashville Journal of Medicine and Surgery, V. 14 (1874), 345.



Dr. James B. Murfree, Sr.

President

Tennessee Medical Association

1874-1875

after that just enough morphine to subdue pain and obtain rest. The patient recovered.³⁴

Dr. J. B. Murfree wrote a paper on diphtheria which he read before the Medical Society of the State of Tennessee in April, 1874. In the paper he referred to an epidemic of diphtheria which occurred in Rutherford County from the summer of 1873 until March, 1874. He stated that it prevailed very extensively over about one half the county. He knew of 210 cases of which there were 34 deaths. He obtained statistics from other doctors in the area. Dr. Medicus Ransom reported 20 cases, Dr. H. H. Clayton 30 cases, Dr. J. F. Byrn 8 cases, Dr. J. B. Murfree himself had 37 cases. Dr. J. H. Dickens in Readyville had 20 cases and Dr. J. N. Bridges had 95 cases. Dr. Bridges practiced in the Readyville area also; so the epidemic must have been more concentrated in that section of the county. Diphtheria is associated with the formation of a membrane in the throat. When this membrane invades the larynx and trachea, frequently the patient will suffocate. Dr. Murfree stated:

There is no known cause which we can assign for diphtheria other than ordinary contagion. It has been observed to prevail at all seasons of the

³⁴J. W. Davis, M. D., "A Case of Punctured Fracture of Skull Trephined Successfully," Nashville Journal of Medicine and Surgery, V. 14 (1874), 342.

year but generally it is more frequent during the fall and winter months and less frequent in the spring and summer.³⁵

The diphtheria organism had not been identified at that time. It is interesting that Dr. Murfree indicated the treatment to be an attempt to sustain the vital forces by tonics, stimulants and nutrition. He stated that the aim should not be to try to cure the disease by specific medications since the cause was not known. He gave his patients iron, quinine, mineral acids, wine, brandy, eggs, milk, soups, etc. He also painted the throat with carbolic acid twice a day. In some who progressed to the croup phase he performed tracheotomy for relief of the breathing.

Dr. H. J. Warmuth of Smyrna read a paper on imperforate anus with total absence of the lower bowel to the Rutherford County Medical Society. In the paper he obtained a consult from Dr. Crosthwait. They attempted an operation but it was not successful.³⁶

When Dr. James B. Murfree addressed the Tennessee Medical Society in 1875 as its president, he referred to

³⁵J. B. Murfree, M. D., "Diphtheria," Nashville Journal of Medicine and Surgery, V. 14 (1874), 160.

³⁶H. J. Warmuth, M. D., "Imperforate Anus with Total Absence of Lower Bowel," Nashville Journal of Medicine and Surgery, V. 14 (1874), 214.

the improvements which have been made in instruments and appliances that brought a decided advance in the practice of surgery, and he stated that the practice of medicine had undergone a revolution that was amazing and that the change was not one simply of mode but was a change which was attended with happy results.

This advance in our knowledge in practice of the medical sciences is not the result of time alone but is founded upon the earnest, studious investigations which have been carried on in all parts of the world. A discovery here, and another there, though minute in themselves, yet when taken together and aggregated, make a long step forward in advancing our knowledge. Perhaps to the discoveries and observations which have been made in Pathology, more than to any other department, is due to the change in our treatment of disease.

The invention of instruments, which ingenious minds have made, greatly enhance our treatment of diseases, for in many instances they serve as aids to a correct diagnosis, and all rational treatment must be founded upon our knowledge of the immediate pathological condition.

The grandest improvement in the science of medicine, to my mind, is the marked and increasing tendency to conservatism in the treatment of disease. By conservatism in the practice of medicine we understand to be that plan or system by which we can the soonest, and with safety, relieve the human system of disease with the least expenditure or sacrifice of individual vitality. It is that plan of treatment which, while it aims to remove diseased action, yet at the same time it sustains the power of life. In the practice of conservatism we refrain from employing hurtful remedies, when we are satisfied that the disease under treatment will subside without active interference. A large proportion of the diseases which come under our care have a regular

course to pursue, many of them being self-limiting, and their tendency is to a restoration of health.³⁷

It certainly was a marked change from the perturbative means of treatment during the earlier part of that century. The means of treatment of all illnesses generally made the patient miserable and he suffered untold misery under the harshness of the therapies; whereas the new conservatism referred to by Dr. Murfree was designed to make the patient comfortable, to improve his nourishment, support him in every way possible, and, generally, the results of such treatment were far superior to the old methods.

In 1875 a medical society was formed in Smyrna. Mr. Walter King Hoover has in his possession the original minute book and Mr. King quotes from those minutes in his book on the history of Smyrna.

"The object of this society shall be to unite the medical men of Smyrna district and neighborhood into a society for mutual recognition, fellowship, the advancement and diffusion of medical knowledge and the adoption and promotion of all measures that will tend to the relief of suffering, and the protection of the lives of the community." Their first meeting was held in Dr. B. B. Gracy's office which was a small frame building located at Division Street, at Front Street. The doctors affixing their signatures to these proceedings were

³⁷ Address of President James B. Murfree, Transaction of the Medical Society of the State of Tennessee (1875), p. 32.

J. W. Davis, President	W. H. Manier
George D. Crosthwait,	B. B. Gracy
Vice-president	C. W. Patterson
H. J. Warmuth, Secretary	J. S. Waldron
B. F. Guill	J. S. Sneed
Thomas J. Bennett	J. E. Sherrill
G. W. Crosthwait	

The minutes of this society ran for three years and Mr. Hoover found no evidence that it operated after that.³⁸

In 1877 at the Tennessee Medical Association meeting in Nashville there were twenty-three delegates from the Smyrna Medical Society.³⁹ In 1879 at the state meeting the Smyrna Medical Society was also represented. Dr. J. W. Davis, who was elected president of the newly organized medical society, gave his inaugural address to that society on August 9, 1877. Therefore, since he referred in the body of the paper they had honored him one year ago by electing him president, it would appear that the Smyrna Medical Society was formed in 1876 rather than 1875.⁴⁰ This is further supported by Dr. G. D. Crosthwait's presidential address to the Smyrna Medical Society in 1878 in which he comments, "At the close of the second year of

³⁸Walter King Hoover, A History of the Town of Smyrna, Tennessee (Nashville, TN.: McQuiddy Printing Co., 1969), p. 384.

³⁹Hamer, pp. 76-77.

⁴⁰J. W. Davis, M. D., "M. D.--Medicinae Doctor--What He Must Know, and How He Ought to Act," Nashville Journal of Medicine and Surgery, V. 20 (1877), 160.

our organization, we may reasonably congratulate ourselves on having made some progress towards the attainment of its objects." It would therefore seem that 1876 was the date of origin of the Smyrna Medical Society.⁴¹

It would seem logical that the physicians in the Smyrna-La Vergne area would want to organize and have their own society. Transportation and communication were many times a problem in those days, and it would have been very difficult for these physicians to travel to Murfreesboro to attend the medical meeting without taking a whole day off from their practice. The same was true of the physicians in Cannon County. These physicians frequently attended the meetings of the Rutherford County Medical Society but it was time consuming from the standpoint of transportation. As transportation improved over the years it was much easier for these physicians to take part in the regular proceedings of the Rutherford County Medical Society.

Meanwhile the Rutherford County Medical Society was quite viable. In 1877 Dr. P. C. Coleman read a paper before the society on cholera infantum recommending

⁴¹G. D. Crosthwait, M. D., "Address to Smyrna Medical Society, 1878," Nashville Journal of Medicine and Surgery, V. 22 (1878), 102.

treatment by calomel, placing a synopism over the epigastrium should the vomiting prove obstinate, and the use of opium to arrest the exhausting diarrhea. He recommended attention to the diet, ventilation, light and mild exercise, thus getting away from the old concept of confining patients in a dark room with closed door and absolute rest.⁴² Dr. James H. Dickens read a paper on malaria to the Rutherford County Medical Society in 1877 in which he discussed the knowledge of the profession as to the association of the disease with marshy areas in the late spring and summer. The profession had observed that one did not find this disease in higher elevations. He also observed that when the season was particularly dry and devoid of rain, the incidence of malaria was much less. They had observed a great deal about the occurrence of the disease in relation to geographical conditions but they still did not know the vector.⁴³

It should be noted that Dr. J. J. Abernathy was elected president of the Tennessee Medical Association in 1876. He served the year 1876 to 1877. At that time he

⁴²P. C. Coleman, M. D., "Cholera Infantum," Nashville Journal of Medicine and Surgery, V. 20 (1877), 6.

⁴³James H. Dickens, M. D., "Malaria," Nashville Journal of Medicine and Surgery, V. 20 (1877), 51.

was practicing in Decherd. He had previously practiced in Murfreesboro.

In 1877 at the end of Dr. Abernathy's tenure of office, Dr. Benjamin W. Avent was elected president again. Dr. Avent had moved to Memphis in 1866 to become professor of surgery in the Memphis Medical College. He had practiced in Murfreesboro prior to that for many years and had distinguished himself as an outstanding physician and surgeon.

Dr. Avent delivered his presidential address to the Medical Society of the State of Tennessee on April 2, 1879. The paper was a discussion of the use of stimulants in the treatment of disease; he also reviewed the development of the various theories of the production of disease and pathological states.

It is worthy of notice that in no period in the history of medicine has there been so much labor expended in searching after the great principles of Physiology and Pathology, as at the present; and it may be truthfully added, that at no period has there been such complete ignoring of standard remedial agents. It has certainly caused the abandonment of the practices of routinism in the treatment of acute disease. It has put a quietus to that heroic administration of medicine so common even a few years ago. It has caused us to dispense with the lancet, and has almost completely upset the so-called anti-phlogistic treatment. It has limited to a great extent the use of mercurials, and has set aside the theory once so prominent, that acute inflammation necessarily implies a sthenic diathesis. And finally, it has forced the substitution of

nervous and arterial sedatives with support and stimulation in the treatment, even, of active disease, for depletion and starvation.⁴⁴

Dr. Avent's address was to be his last active participation at a meeting of the state society. He returned to Memphis to his duties as professor of Surgery and private practice, only to encounter in the summer of 1878 one of the worst epidemics in the history of the United States at his very doorstep. Yellow fever had been feared for generations. The doctors of 1878 did not know the cause of yellow fever. They had studied the geography of the disease and knew that yellow fever was "river borne." Doctors observed that cool weather always brought an end to the epidemic and they had noticed that the spread of the disease seemed to have something to do with the wind currents. Unknowingly, they described precisely the conditions under which mosquitoes thrive, but it was not to be until 1900 that the vector of yellow fever was found to be the mosquito. Large epidemics of yellow fever had occurred on or near the North Atlantic Coast and on the Gulf Coast. Severe epidemics had affected Philadelphia, New York, Mobile, New

⁴⁴B. W. Avent, M. D., "Indications for the Use of Stimulants in the Treatment of Disease," Address of the President, Transactions of the Medical Society of the State of Tennessee, 1898, p. 14.

Orleans, Pensacola, and cities as far north as St. Louis and Cincinnati had felt its sting. The contagion spread up the Mississippi River from New Orleans, having originated in the West Indies. The first cases were experienced in Memphis in August. Twenty-five thousand people fled the city in panic, fleeing to other cities, primarily to Louisville, Cincinnati, St. Louis, Nashville, and Chattanooga. The remaining population was exposed to the ravages of the epidemic. As the epidemic began to rage in Memphis, the plight of the city became known and donations of money as well as food and medical supplies began to reach Memphis. Volunteer aid was forthcoming from all over the nation, nurse corps, doctors, relief organizations all were brought into action in an attempt to care for the sick. The epidemic raged on until October 29 when the Memphis Board of Health declared the epidemic at an end and the refugees were informed that it was safe to return. The final estimate was that there were 17,600 cases of yellow fever in Memphis out of a population of about 20,000 with 5,150 deaths. The fever did not spare the physicians. There were 93 physicians who died in the epidemic of whom 63 were Tennessee physicians and Dr. Benjamin W. Avent, who stayed on duty in his city, was one of the victims. Also Dr. John Hicks

of Murfreesboro, who volunteered his services in the epidemic, succumbed to yellow fever on September 17. There were 693 cases of yellow fever in Chattanooga during the same epidemic of which 197 patients died. There was one case in Beech Grove and one case in Murfreesboro, both of whom died. There were 96 cases in Davidson County, eighteen of whom died.⁴⁵

Dr. J. S. Bass, a black physician practicing in Murfreesboro, donated his services to the people of Chattanooga during the yellow fever epidemic.

J. T. Hill, correspondent to the Nashville Daily American reported: "Dr. Bass, a colored physician, arrived from Murfreesboro today (October 11) and goes to work at once."

Hill reported October 18th that "Dr. Bass, the colored physician from Murfreesboro is doing excellent service, and has made a host of friends, in and out of the profession."

In the Twelfth Annual Report of the Freedman's Aid Society in 1879 it was reported that for Bass's "faithful and efficient labor he received the hardy thanks of the medical profession of that place, and on his return to his home at

⁴⁵S. R. Bruesch, Ph. D., M. D., "Yellow Fever in Tennessee in 1878," Part I, Journal of the Tennessee Medical Association, V. 71, No. 12, p. 887; Simon R. Bruesch, Ph. D., M. D., "Yellow Fever in Tennessee in 1878," Part II, Journal of the Tennessee Medical Association, V. 72, No. 2, p. 91; Simon R. Bruesch, Ph. D., M. D., "Yellow Fever in Tennessee in 1878," Part III, Journal of the Tennessee Medical Association, V. 72, No. 3, p. 193.

Murfreesboro he was met at the depot by the mayor and prominent physicians and a public reception tendered him."⁴⁶

Dr. George W. Overall graduated from medical college in 1875 and located in Murfreesboro where he practiced for three years. He moved to Memphis in 1878 just prior to the onset of the epidemic and was there treating patients during the epidemic. Dr. Overall wrote a letter to Dr. J. B. Murfree in which he detailed all the symptoms of yellow fever and the treatment he administered them. Dr. Overall had done a preceptorship under Doctors Clayton and Murfree prior to going to medical school. The letter was written September 12, 1878. At the time he said he had lost 15 cases but had turned out about 150 or 200. He also stated in the letter that he was very tired and very much exhausted. He was one of the physicians who survived the epidemic.⁴⁷

When Dr. Avent was asked by a friend what he was doing to avoid contracting the disease, he replied, "Nothing but trusting in God, and trying to do my duty." When Dr. Avent

⁴⁶Jim Leonhirth, "The Black Presence in Rutherford County," Griffith!, published by the Rutherford County Bicentennial Commission, Robert E. Corlew, Chairman, 1976.

⁴⁷G. W. Overall, M. D., "Letter to Dr. J. B. Murfree," Nashville Journal of Medicine and Surgery, V. 22 (1878), 149.

was asked what he knew of the yellow fever he replied, "I only know that it is the pestilence that walketh in darkness, and the destruction that visiteth at noonday."⁴⁸

Dr. J. B. Murfree wrote an eloquent memorial tribute to Dr. Avent which was published in the transactions of the state society in 1879.⁴⁹

At the state meeting in 1879, the delegates from the Smyrna Medical Society were Dr. B. B. Gracy and Dr. C. W. Patterson. Also attending from Smyrna were Dr. H. J. Warmuth and Dr. J. W. Davis and Dr. G. W. Crosthwait. The Smyrna Medical Society obviously was still quite active at that time. It should be noted in passing, that Dr. J. W. Davis and Dr. H. J. Warmuth were especially active in the state organization and both published several papers during their careers. The delegates from the Rutherford County Medical Society were Dr. William Freeman and Dr. J. H. Washington. A memorial sketch was presented by Dr. J. B. Murfree of the late Dr. J. B. Hicks, of Murfreesboro who died in Memphis of yellow fever. The biographical sketch of the late Dr. B. W. Avent was also presented.

⁴⁸Hamer, p. 138.

⁴⁹J. B. Murfree, M. D., "In Memoriam--B. W. Avent, M. D.," Transactions Medical Society of the State of Tennessee (1879), p. 179.

Area Physicians During the 1870s

John W. Acuff	Walter Preston Coleman
(Bell Buckle)	(La Vergne area)
James E. Arnette	Wm. Cowden Cook
(Cannon County)	(Murfreesboro)
James Barton	George D. Crosthwait
(Cannon County)	(Florence)
Thomas J. Bennett	Joseph W. Davis
(Smyrna--Triune)	(Smyrna--La Vergne)
Samuel P. Black	Preston K. Davis
Thos. C. Black	(Davidson County)
(Walter Hill)	James H. Dickens
Robert C. Boyle	(Readyville)
(Midland)	James M. Dill
Smith Bowlin	Charles Donoho
(Bell Buckle)	(Williamson County)
James N. Bridges	Benjamin F. Duggan
(Readyville)	(Unionville)
Robert Buchanan	F. M. Duke
(Near Eagleville,	(Wartrace)
Williamson County)	Thomas J. Elam
Joshua Marion Coffee Burger	Richard W. Fain
(Wartrace)	John S. Fletcher
T. J. Burnett	(Wartrace)
William G. Burrows	James Fozrar
(or Burrus)	W. R. Freeman
James F. Byrn	(Bell Buckle)
(Murfreesboro)	T. J. Frizzell
Marion Chandler	(Bell Buckle)
Ephraim Charlton	J. F. Fryar
(Davidson County)	(Triune)
James Hamilton Charlton	John Wesley Gaines
(La Vergne area)	(Antioch)
Joseph Charlton	John Gannaway
(La Vergne area)	(Fairfield)
Edwin Childress	Brainard B. Gracy
Wm. J. Clark	(Smyrna)
(Nolensville)	Elias Tidwell Gray
John W. Clary	(Versailles)
(Unionville)	Isaac H. Gray
Wm. F. Clary	(Nolensville)
(Bell Buckle)	Addison P. Grinstead
Henry Huey Clayton	(Treppardsville)
(Murfreesboro)	Benjamin Franklin Guill
Preston C. Coleman	John W. Hall
	(Hall's Hill)

Area Physicians During the 1870s (continued)

Robert R. Hall (Blackman)	Elbert S. Miller (Bedford County near Fosterville)
Robert B. Harris (Jefferson)	E. S. Miller, Jr. (Fosterville)
Henry Marion Hearn (Woodbury)	John H. Morton (Williamson County)
John B. Hicks	William A. Mulky
William Murphree Hoover (Beech Grove)	James B. Murfree, Sr. (Murfreesboro)
William M. Hutton (Bedford County)	Joseph B. Muse (Fairfield)
Garner M. Jordan (Triune)	M. Edward Nealy (Walter Hill)
Samuel Tolbert F. Kirkpatrick (Triune)	C. C. Neal (Williamson County)
Lewis W. Knight	Samuel B. Nelson (La Vergne)
J. H. Lillard	Charles T. New (Woodbury)
James Maney (Murfreesboro)	M. W. Newson (Bedford County)
Amasa W. Manire (Eagleville)	Andrew Norvell (Coffee County)
John Wesley Mankin (Beech Grove)	George W. Overall
James Edward Manson (Blackman)	Urban G. Owen (College Grove)
Robert W. Martin (Milton)	B. H. Paschall (Williamson County)
J. W. McCleary (Rover)	John Patterson
Wm. Harrison McCord (Eagleville)	George Pinkard
Lyman Beecher McCrary (Woodbury)	J. S. Poynor (Smyrna)
Thomas Chapman McCrary (Bell Buckle)	Medicus Ransom
Allen Posey McCullough (Milton)	John W. Richardson (Murfreesboro)
Joseph M. McLean	Higdon J. Robertson
Samuel N. McMin (Wilson County)	John H. Robinson (Chapel Hill)
J. G. Mickle	James Joshua Rucker (Blackman)

Area Physicians During the 1870s (continued)

John J. Rucker	James E. Wendel
Leonidas D. Russell	(Murfreesboro)
James Searcy	Robert S. Wendel
(Beech Grove)	(Murfreesboro)
Thomas G. Shannon	J. Wesley
(Nolensville)	(Bedford County)
Forsyth Smalling	T. D. Whitaker
Ephraim A. Speer	(Marshall County)
(Readyville)	Bartholomew Newton White, Sr.
Robert Fountain Tatum, Sr.	(Murfreesboro)
(Woodbury)	John J. White
John S. Taylor	(Davidson County)
Elijah D. Thompson	H. R. Williams
(Marshall County)	(Williamson County)
Nimrod Whitefield Thompson	Harrison Whitfield Winstead
Robert Jetton Turner	(Nolensville)
William M. Turner	John A. Wood
(Marshall County)	(Woodbury)
John S. Waldron	Thomas Walter Wood
(Smyrna--La Vergne)	(Woodbury)
Henry Joseph Warmuth	Hillary H. Yeargan
(Smyrna)	Ridley Zackery
J. L. Webb	(Wilson County)
(College Grove)	

The vice-president of the state society, at that time, was Dr. H. J. Warmuth of Smyrna. Dr. Murfree of Murfreesboro read a paper on treatment of urethral strictures. Doctors Warmuth and Murfree were selected as delegates to the American Medical Association.⁵⁰

In the 1880s the physicians in the area continued to support the state organization and were active in their county society. Dr. J. W. Davis of Smyrna wrote a letter to the Nashville Journal of Medicine and Surgery commenting on an article he had seen in the January issue of 1884 in which a doctor in Humboldt sought to discredit the germ theory in the production of malaria. Dr. Davis defended the germ theory, an indication that the new discoveries in medicine were filtering into the communities here from the researches abroad.⁵¹

The state society had always supported efforts toward improvement in medical education. At its 1878 meeting the society congratulated the profession upon the formation of the American Association of Medical Colleges, an

⁵⁰Transactions of the Medical Society of the State of Tennessee, 1879.

⁵¹J. W. Davis, M. D., "Malaria," Nashville Journal of Medicine and Surgery, V. 33 (1884), 154.

association that looked to the advancement of medical education in the United States and the establishment of a common policy among medical schools. The reform that the organization had recommended was the establishment of a three year course for medical students.

This was wholly objectionable to such men as Dr. J. W. Davis of Smyrna who, in 1881, proposed that the Medical Society of Tennessee recommend to the medical colleges "to go back to the old rule of two terms, or two courses of lectures, and to give the degree of M. D. upon the merits and qualifications of candidates, and not upon the number of years he may have been able to spend about town and colleges." Action on this proposal was deferred until the following year when Dr. Davis addressed the society in support of it. A man should be given the M. D. degree he thought whenever he was qualified, and there was no need to lengthen the time that must be spent with preceptor or in college; many talented young men were financially unable to spend three years in study and their places were filled by drones whose money enabled them to stay in college. After all, he argued, "the real study of medicine is at the bedside;" there was need for more doctors; the poor must have medicine as well as the rich, and it must be cheap; "a man of fine acquirements" would not "go out into these out-of-the-way places and settle down to the practice of medicine," and it was accordingly desirable to graduate honorable men with fair capacity for those humble places. This speech provoked an animated discussion but the society refused to adopt the proposal that Dr. Davis had made.⁵²

The state society continued insistently from its beginnings in 1830 to urge the importance of a licensing

⁵²Hamer, pp. 92-93.

law controlling the medical practice in Tennessee. They continued to press the issue. A proposed bill was reported at the meeting in 1888 and was endorsed by the society. A committee of seven was directed to bring the bill before the legislature. In that body the bill met opposition as usual. It was first defeated, then it was reconsidered, and finally it was passed and approved by the governor on April 4, 1889.

In announcing this result to the medical society at its annual meeting a few weeks later, Dr. Cain, the president, said that too much praise could not be given to the members of the general assembly for their good judgment in passing the bill despite bitter opposition from within and without the profession.

This "Act to regulate the Practice of Medicine and Surgery in Tennessee" provided that there should be appointed by the governor a State Board of Medical Examiners to be composed of two physicians from each grand division of the state. On this board there should be representation of "the three schools of medicine, namely, Allopath, Homeopath, and Eclectic." Any physician engaged in the practice of his profession in Tennessee at the time of the passage of the act was required to make proof of that fact to the clerk of the county court who would then issue to him a certificate entitling him to continue to practice. Any person who should wish to begin the practice of medicine in Tennessee was to be required to obtain a certificate from the board in either of two ways: (1) He must present a diploma from a medical college "in good standing," the board being required to recognize any college recognized by the "National Medical Association," or (2) He must pass a satisfactory examination before the board on anatomy, physiology, chemistry, pathology, surgery, obstetrics, and therapeutics. All certificates were required to be registered

in the office of the clerk of the county court. Anyone practicing without a certificate could be punished by a fine only. Any itinerant vendor of any drug, nostrum, or application for the treatment of disease or injury was to be fined not less than \$100. The act did not apply to midwives.⁵³

The governor sought the assistance of the state society in appointing the physicians to the board. He appointed Dr. J. B. Murfree to the first board who was elected its president.

The physicians of the county took their medical diplomas to the county court clerk's office where they were recorded and the physician was given a certificate by the county court clerk certifying that he was properly trained and was therefore licensed to practice medicine in this state. I have seen one such certificate issued to Dr. Armstrong Eagleton McKnight by the county court clerk in 1889 after he had shown his diploma from the University of Nashville. Dr. McKnight practiced in the Milton-Porterfield area.

As transportation improved greater communication and exchange of ideas were inevitable among the members of the profession and more medical societies were formed. The Tri-state Medical Society was formed representing

⁵³Hamer, pp. 100-101.

Area Physicians During the 1880s

John W. Acuff (Bell Buckle)	F. P. Crockett
James E. Arnette (Cannon County)	George D. Crosthwait (Florence)
James Barton (Cannon County)	George W. Crosthwait (Florence)
John S. Bass (Murfreesboro)	James Peyton Curlee (Bradyville)
Thomas J. Bennett (Smyrna--Triune)	Joseph W. Davis (Smyrna--La Vergne)
W. C. Bilbro, Sr. (Murfreesboro)	James H. Dickens (Readyville)
Robert C. Bogle (Fosterville--Midland)	James M. Dill
M. H. Bonner (Murfreesboro)	Charles Donoho (Williamson Co.)
Smith Bowlin (Bell Buckle)	Benjamin F. Duggan (Unionville)
James N. Bridges (Readyville)	F. M. Duke (Wartrace)
J. H. Bryan	John Netherland Dykes (Versailles)
Andrew Jackson Burkitt (Smyrna--La Vergne)	Thomas J. Elam
William G. Burrows (or Burrus)	John Everett (Cannon County)
James F. Byrn (Murfreesboro)	John R. Fletcher (Wartrace)
Alexander Carns (Cannon County)	George Flowers (Cannon County)
James M. Chadwick (Beech Grove)	W. R. Freeman (Bell Buckle)
Ephraim Charlton (Davidson County)	T. J. Frizzell (Bell Buckle)
James Hamilton Charlton (La Vergne area)	John Wesley Gaines (Antioch)
John W. Clary (Unionville)	John Gannaway (Fairfield)
Wm. Franklin Clary (Bell Buckle)	R. A. Gentry (Williamson County)
C. C. Clayton	Brainard B. Gracy (Smyrna)
Henry Huey Clayton (Murfreesboro)	Elias Tidwell Gray (Versailles)
S. B. Cobb	Madison G. Green (Nolensville)
Preston C. Coleman	Isaac H. Gray (Nolensville)
John James Covington (College Grove)	Samuel Carver Grigg

Area Physicians During the 1880s (continued)

Addison P. Grinstead (Treppardsville)	Phillip H. Manier (Wartrace)
Moses T. Griswell (Wartrace)	William Manire (Eagleville)
Benjamin Franklin Guill (Wilson County)	John Wesley Mankin (Beech Grove)
John W. Hall (Hall's Hill)	James Edward Manson (Blackman)
Joseph David Hall	J. D. Martin (Coffee County)
Robert R. Hall (Blackman)	Robert W. Martin (Milton)
Robert B. Harris (Jefferson)	J. B. McClellan (Murfreesboro)
Henry Marion Hearn (Woodbury)	Pleasant H. McBride (Noah)
Samuel Hoover	Wm. A. McCord (Holt's Corner)
W. C. Hoover (Bedford County)	Wm. Harrison McCord (Eagleville)
William Murphree Hoover (Beech Grove)	Lyman Beecher McCrary (Woodbury)
Dewitt Clinton Huff (Christiana)	Thomas Chapman McCrary (Bell Buckle)
William M. Hutton (Bedford County)	Allen Posey McCullough (Milton)
Horton Blount Hyde (Eagleville)	Thomas McGahey (Williamson County)
Garner M. Jordon (Triune)	Armstrong Eagleton McKnight (Milton)
Robert F. Keyes (Eagleville)	Joseph M. McLean (Midland)
John O. Kirkpatrick	Thomas M. McMurray (Nolensville)
Samuel Tolbert F. Kirkpatrick (Triune)	Elbert S. Miller (Fosterville)
Lewis W. Knight	Lorenzo Dow Miller (Murfreesboro)
Robert N. Knox	W. J. Miller (Fosterville)
George Leonard Landis (Unionville)	Robert Moon (Unionville)
Bailey Peyton Lester (Woodbury)	H. A. Mosely (Wartrace)
Nathaniel M. Lewis (Florence)	Thomas B. Mosley (Fairfield)
James Polk Lyon	
William H. Lytle	
Amasa W. Manire (Eagleville)	

Area Physicians During the 1880s (continued)

James B. Murfree, Sr.	W. H. Sims
John W. Murray	(Wartrace)
(Wartrace)	William Sparkman
M. Edward Nealy	(Cannon County)
(La Vergne)	Ephraim A. Speer
Samuel B. Nelson	(Readyville)
(La Vergne)	J. B. Spickard
Simon Nesbitt	(Wilson County)
(Bradyville)	Swann
M. W. Newson	(Milton)
(Bedford County)	Ed Swanson
James K. Norvell	(Marshall County)
(Beech Grove)	Robert Fountain Tatum Sr.
James B. Owen	(Woodbury)
(Williamson County)	John Templeton
Urban G. Owen	(Coffee County)
(College Grove)	Elijah D. Thompson
Benj. H. Paschall	(Marshall County)
(Williamson County)	Nimrod Whitefield Thompson
Charles W. Patterson	James T. Turney
(La Vergne)	(Auburntown)
John Patterson	John W. Wade
Jason Hazard Patton	(Bedford County)
(Triune)	Samuel Wade
Alex R. Pinkston	John Walden
(Triune)	John S. Waldron
T. W. Preston	(Smyrna--La Vergne)
(Wilson County)	G. W. Word
Medicus Ransom	Henry Joseph Warmuth
Robert William Read	(Smyrna)
Absalom H. Reems	John H. Washington
(Cannon County)	Francis L. Weaver
Higdon J. Robertson	(Davidson County)
Aaron B. Robinson	James E. Wendel
(Chapel Hill)	(Murfreesboro)
W. D. Robinson	Robert S. Wendel
James J. Rucker	(Murfreesboro)
(Salem)	T. D. Whitaker
John J. Rucker	(Marshall County)
Minus L. Rucker	B. N. White, Sr.
(Wilson County)	(Murfreesboro)
Hardin N. Scales	John Howland White
(Versailles)	(Jordan's Valley)
J. E. Sherrill	Samuel K. Whitson
(Wilson County)	(Fairfield--Wartrace)

Area Physicians During the 1880s (continued)

William Whitson (Jordan's Valley)	Thomas W. Wood (Deason)
James Williams (Marshall County)	Stephen Henry Woods
Harrison Whitfield Winstead	Hillary H. Yeargan
(Nolensville)	William Eleazer Youree
Charles Witt Womack (Chapel Hill)	

doctors from Alabama, Georgia and Tennessee. At its meeting in Chattanooga October 15, 1890, Dr. J. B. Murfree presented a paper on uterine fibroma. They were performing hysterectomies under aseptic conditions for the larger fibroid tumors.⁵⁴ Dr. Murfree presented a paper on intestinal obstruction to the Tennessee Medical Society in 1892 in which he recommended laparotomy (the laying open of the abdominal cavity, finding and relieving the strangulation) as the only rational hope of saving the life of the patient when the usual means of relief have failed.⁵⁵

Dr. Murfree was invited to give the commencement address to the graduating class of the Medical Department of the University of Nashville and Vanderbilt University in March, 1892. In his address he referred to

. . . the grand achievements and the wonderful progress made in the etiology and treatment of disease, in the improvement and perfecting of the technique of surgical operations, the fruitful discovery of material medicines, and the invention of instruments and appliances. . . . The patient, untiring search after the prime cause of disease

⁵⁴J. B. Murfree, M. D., "Uterine Fibroma," Nashville Journal of Medicine and Surgery, V. 69 (1891), 145.

⁵⁵J. B. Murfree, M. D., "Intestinal Obstruction," Transactions of Medical Society of the State of Tennessee (1892), 94.

has extended so far into the occult precincts of morbid processes as to demonstrate a physical cause of disease. The microscope extends the realm of pathological anatomy to the limits of the invisible world.

The recent science of bacteriology has discovered and demonstrated a great multitude and a great variety of microbes, the incipient and the invisible germs of disease, and has revealed the fact that each specific disease has a specific germ.

Dr. Murfree touched on the necessity of better medical education stating that the students should have a higher education and that the curriculum in medical colleges should be lengthened and improved. He further insisted that the scholastic education of the young men designed to enter the medical profession should be increased. He was gratified to see progress toward the tendency of a higher grade of scholastic education among those entering medical colleges and looked forward to liberally educated medical students and systematic medical education throughout the land.⁵⁶

Asepsis in surgery had increased the success of surgery enormously and was very much in evidence in the 1890s. Dr. Murfree referred to the necessity of asepsis in the private practice of obstetrics in a paper which he

⁵⁶J. B. Murfree, M. D., "Charge to the Graduating Class," Nashville Journal of Medicine and Surgery, V. 71 (1892), 145.

read at the Tri-states Medical Society held in Chattanooga in 1893.

It is unnecessary in this connection to discuss the germ theory, but whether accepted or rejected, all will agree that the want of cleanliness in the lying-in room is a prolific source of puerperal diseases.

He describes in some detail the techniques used in obstetrical deliveries for the purpose of asepsis.⁵⁷

Dr. H. J. Warmuth gave a paper on postpartum hemorrhage to the state society in 1893. He described a case that he and Dr. Gracy of Smyrna attended. He found the woman to be edematous. Much albumen was in the urine. She was mentally confused (a case of eclampsia which these doctors recognized even then). Dr. Warmuth injected veratrum viridis (a drug which reduces the blood pressure) and morphine into her arm. Dr. Gracy administered chloroform and the child was delivered with the help of forceps. The patient developed a severe postpartum hemorrhage. Dr. Warmuth injected ergotine hypodermically, simultaneously applying manual pressure over the uterus. This abated the hemorrhage and the woman and child made a

⁵⁷J. B. Murfree, M. D., "The Necessity of Asepsis in Private Obstetrical Practice," Nashville Journal of Medicine and Surgery, V. 74 (1893), p. 193.

good recovery.⁵⁸ It's interesting that the symptoms of eclampsia were recognized and a drug used to reduce the blood pressure at a time when blood pressure measurement was not yet utilized in practice. It should also be noted that there were disease states in which blood pressure obviously was markedly elevated and in whom the practice of venesection at times might have been life-saving.

The University of the South in Sewanee, Tennessee, established a medical department in 1892. Dr. J. B. Murfree was offered and accepted the position of professor of surgery at that institution, a position he held from 1893 until shortly before his death in 1912. He was invited to give the commencement address to the graduating doctors of the University of the South in 1894; in that address he continued to urge progressive medical education.⁵⁹

The field of nutrition and dietetics was just beginning to be developed. Dr. W. C. Bilbro gave a paper at the state society in 1895 on nutrition in which he

⁵⁸J. H. Warmuth, M. D., "Post-Partum Hemorrhage," Transactions of the Medical Society of the State of Tennessee (1893), p. 167.

⁵⁹J. B. Murfree, M. D., "What Is Life?" Nashville Journal of Medicine and Surgery, V. 76 (1894), 151.

discussed the necessity for a certain percentage of proteins, fat, and carbohydrates as well as minerals and suggested proportional parts of each as a balanced diet. They had not developed the concept of calories but generally were beginning to understand the general make-up of a balanced diet.⁶⁰

They were doing radical mastectomies in the 1890s and Dr. Warmuth read a paper at the state society detailing the operation and describing one particular operation on his patient in which Doctors Crosthwait and Gracy assisted. Dr. Gracy administered chloroform anesthesia. The operation included the excision of the breast, removing the major chest muscles down to the rib cage, and dissection of the lymph nodes in the axilla.⁶¹

The Middle Tennessee Medical Association was organized in Nashville September 20, 1894. It was to be composed of physicians in the central part of the state and would meet once or twice a year at various towns in Middle Tennessee. The Rutherford County physicians were active in this society

⁶⁰W. C. Bilbro, M. D., "What Shall We Feed Our Patients?" Transactions of the Medical Society of the State of Tennessee (1895), p. 297.

⁶¹J. H. Warmuth, M. D. "The Radical Operation for Cancer of the Breast," Transactions of the Medical Society of the State of Tennessee (1896), p. 210.

as well as in the state society and their own county medical society. In 1895 Dr. Murfree presented a paper to the Middle Tennessee Medical Society entitled "The Surgical Treatment of Pleural Effusions"⁶² and presented another paper to that society in 1896 entitled "Placenta Previa."⁶³ Dr. Murfree was elected president of that organization in 1898 and gave an eloquent presidential address to the organization which met that year in Dixon, Tennessee, on May 19 and 20. His address was entitled "The Doctor."⁶⁴

Dr. C. B. Heimark established a practice in Eagleville about 1895. He built up a good practice there and the people seemed to like him. It was noted that he began making regular night trips to Nashville in a wagon hauling a mysterious load. He would change horses in Nashville and return before morning ready to go about his usual business of medical practice. This activity went on for

⁶²J. B. Murfree, M. D., "The Surgical Treatment of Pleural Effusions," Nashville Journal of Medicine and Surgery, V. 79 (1896), 199.

⁶³J. B. Murfree, M. D., "Placenta Previa," Nashville Journal of Medicine and Surgery, V. 80 (1896), 103.

⁶⁴J. B. Murfree, M. D., "The Doctor," Nashville Journal of Medicine and Surgery, V. 84 (1898), 9.

some time. The people of Eagleville became suspicious when it was revealed that grave robbing was going on in the community. State authorities were informed and an investigation traced some of the stolen bodies. Two bodies were traced to Burlington, Vermont, in a box that was labeled "books." The bodies were returned to Murfreesboro by train, and hearses carried them back to Eagleville; they were then reburied. The investigation revealed that an eastern concern had contracted to pay Dr. Heimark \$45 for each body delivered to them. Supposedly the bodies were resold to medical schools in the east to be used by students in anatomy classes for dissection. In all three bodies were stolen. Dr. Heimark was arrested. The grand jury indicted him in February, 1898. He was fined \$150 and sentenced to six months in jail. He paid the fine, served the sentence, then left the county. In the AMA Directory, Volume I, 1906, he was listed as residing and practicing medicine in Battle Lake, Minnesota.⁶⁵

An interesting paper was presented to the state society by Dr. W. F. Clary of Bell Buckle in 1897 describing the preferred treatment of typhoid fever. The

⁶⁵Minnie Fairfield Dyer, The History of Eagleville (Privately Published, 1972), pp. 8-9.

Area Physicians During the 1890s

John W. Acuff	John N. Dykes
(Bell Buckle)	(Versailles)
James Barton	E. M. Eaton
(Cannon County)	J. E. Elam
John S. Bass	Thomas J. Elam
(Murfreesboro)	John A. Ewing
Thomas J. Bennett	(La Vergne)
(Smyrna--Triune)	Clarence N. Ferguson
Robert C. Bicknell	(Chapel Hill)
(Murfreesboro)	John R. Fletcher
W. C. Bilbro	(Wartrace)
(Murfreesboro)	W. R. Freeman
Robert C. Bogle	(Bell Buckle)
(Fosterville--Midland)	John Wesley Gaines
M. H. Bonner	(Antioch)
(Murfreesboro)	John Gannaway
James N. Bridges	(Fairfield)
(Readyville)	Brainard B. Gracy
James F. Byrn	(Smyrna)
(Murfreesboro)	Elias Tidwell Gray
James M. Chadwick	(Versailles)
(Beech Grove)	Samuel Carver Grigg
Ephraim Charlton	Moses T. Griswell
(Davidson County)	(Wartrace)
Wm. Franklin Clary	Benjamin Franklin Guill
(Bell Buckle)	(Wilson County)
John James Covington	Joseph David Hall
(College Grove)	(Kittrell)
George W. Crosthwait	Robert B. Harris
(Florence)	(Jefferson)
James Peyton Curlee	Henry Marion Hearn
(Bradyville)	(Woodbury)
Joseph W. Davis	Charles B. Heimark
(Smyrna--La Vergne)	(Eagleville)
James H. Dickens	W. E. Hibbett
(Readyville)	(Smyrna)
James M. Dill	William Murphree Hoover
John F. Dismukes	(Beech Grove)
(Porterfield)	Dewitt Clinton Huff
Benjamin F. Duggan	(Christiana)
(Unionville)	Enoch H. Jones
Solon S. Duggan	(Murfreesboro)
(Unionville)	Garner M. Jordan
F. M. Duke	(Triune)
(Wartrace)	

Area Physicians During the 1890s (continued)

Robert N. Knox	W. M. Orr
George Leonard Landis	(Midland)
(Unionville)	Urban G. Owen
Bailey Peyton Lester	(College Grove)
(Woodbury)	George C. Paschall
Nathaniel M. Lewis	(Williamson County)
(Florence)	Thomas Ivan Poplin
Amasa W. Manire	(Midland)
(Eagleville)	Medicus Ransom
John Wesley Mankin	Robert William Read
(Beech Grove)	James Joshua Rucker
Robert W. Martin	(Salem)
(Milton)	Minus L. Rucker
Pleasant H. McBride	(Wilson County)
(Noah)	Robley Edward Sanders
J. B. McClellan	(Walter Hill)
(Murfreesboro)	Ephraim A. Speer
Lyman Beecher McCrary	(Readyville)
(Woodbury)	James A. Speer
Allen Posey McCullough	Robert Fountain Tatum, Sr.
(Milton)	(Woodbury)
Armstrong Eagleton McKnight	Nimrod Whitefield Thompson
(Milton)	James T. Turney
Bennett Rucker McKnight	(Auburntown)
(Auburntown)	John S. Waldron
Thomas M. McMurray	(Smyrna--La Vergne)
(Nolensville)	Henry Joseph Warmuth
Lorenzo Dow Miller	(Smyrna)
(Bradyville)	James E. Wendel
Robert Moon	(Murfreesboro)
(Unionville)	Robert S. Wendel
James W. Morton	(Murfreesboro)
(Chapel Hill)	B. N. White, Sr.
James B. Murfree, Sr.	(Murfreesboro)
(Murfreesboro)	John Howland White
James B. Murfree, Jr.	(Jordan's Valley)
(Murfreesboro)	Harrison Whitfield Winstead
M. Edward Nealy	(Williamson County)
(Walter Hill)	Thomas W. Wood
James K. Norvell	(Deason)
(Beech Grove)	Stephen Henry Woods
D. F. Orr	William E. Youree
(Midland)	

treatment, that of hydrotherapy, was described by Dr. Brandt of Germany in the 1860s; most of the medical schools in the country had adopted it as the treatment of choice. The patient with typhoid always had a high fever; he was immersed in a tub of cold water for periods of up to fifteen or twenty minutes, three and four times a day for the control of the fever, more often if the fever warranted it. He stated in the paper that no drug or method of treatment was presently known by which the enteric fever could be aborted, but it could be controlled by the cold baths. He wrote that blood-letting, emetics, purgatives, astringents, turpentine, silver nitrate, mineral acids and antiseptics had all been used in the past but were not warranted in present treatment, stating "the greater number of these agents have no longer even a historical interest."⁶⁶

When the Middle Tennessee Medical Association met in Murfreesboro in May, 1904, Dr. J. B. Murfree was designated by the Rutherford County Medical Society to give the welcoming address to the visiting doctors. Dr. E. H. Jones of Murfreesboro read a paper to the group entitled

⁶⁶W. F. Clary, M. D., "Treatment of Enteric or Typhoid Fever According to the Method of Brandt," Transactions of the Medical Society of the State of Tennessee (1897), 76.

"Gastro-Intestinal Disorders in Children." He primarily discussed the summer diarrheas in infants attributing the cause of these illnesses to bacterial contamination of milk, at least on many occasions. He prescribed saline enemas which, he physiologically reasoned, replaces some of the lost constituents of the blood. The doctors were beginning to realize that dehydration was a major part of the morbidity of diarrheal disease.⁶⁷

In 1902 the Medical Society of the State of Tennessee changed its name to The Tennessee State Medical Association and established a new constitution and a new set of by-laws to go into effect immediately. The new constitution and by-laws provided that the transformed state organization should be a federation of county medical societies that should hold charters from the association. The members of the association were to be the members of the county society or, to put it in another way, only those physicians in the state who were or should become members of county societies could attain membership in the state association. The county societies were required to receive a charter from the state association and to adopt principles of

⁶⁷E. H. Jones, M. D., "Gastro-Intestinal Disorders in Children," Nashville Journal of Medicine and Surgery, V. 96 (1904), 717.

organizations not in conflict with the state organization's constitution and by-laws and the county society was to have the right to send delegates in proportion to its membership to the House of Delegates of the Tennessee State Medical Association. In that year the Rutherford County Medical Society received its charter from the Tennessee State Medical Association, a charter which has remained in effect to the present day.⁶⁸

By the turn of the century medicine in Rutherford County was experiencing the excitement of the new discoveries in medicine, most especially that which was brought about by the germ theory. Already the subjects of microbiology and bacteriology were being taught at the medical schools in Nashville. So the dissemination of the exciting new medical knowledge acquired in the last part of the nineteenth century had reached our area and was already being utilized in the local practice of medicine. In addition the discovery of the germ theory initiated an interest in public health. The epidemics of cholera and yellow fever in the seventies had goaded the legislature to action and the State Board of Health was established in 1877. That board undertook to do something about

⁶⁸Hamer, pp. 119-120.

controlling the epidemic diseases and they set about to get boards of health established in the towns and cities within the state. The Murfreesboro Board of Health was organized during 1877 with a membership as follows: James B. Murfree, M. D., president, C. B. Huggins, Sr., secretary, H. H. Clayton, M. D., health officer, Medicus Ransom, M. D., Robert S. Wendell, M. D., and J. B. Palmer. In 1885 the general assembly passed a law creating county boards of health to be composed of the county judge, the county court clerk, the county health officer. Soon thereafter the Rutherford County Board of Health was formed with James B. Murfree, M. D., president, John Woods, chairman of the County Court, W. B. Robinson, Clerk of the County Court.⁶⁹

Dr. E. H. Jones read a paper before the Middle Tennessee Medical Association November 17, 1904, on obstetrical practice in which he emphasized the many safeguards and danger signals in obstetrical practice. In this paper he mentioned that everyone knew it was impossible to completely sterilize the hands; therefore, all examinations should be done with sterile gloves. Although Halstead was the first to use gloves in aseptic surgery

⁶⁹Sims, pp. 141-142.

in the 1890s, the news spread quickly and they were being used in Rutherford County in 1904.⁷⁰

Dr. Jones read a paper on pellagra at the Tennessee State Medical Association in April, 1911. The cause of pellagra at the time was unknown, but it was theorized that it might be produced as a result of spoiled grain. They recognized sufficient relationship between the development of the cases and the diets of the patients to associate the disease with some type of dietary problem. He reported a case he had seen whose diet had been largely of corn, mush and milk. Dr. Jones did not mention changing the patient's diet, but treated him with arsenic, iron, and strychnia; so, of course, that type of treatment did not correct the deficiency state. They did not know about vitamin deficiencies at that time and they did not know whether the disease was communicable or not. This disease was very prevalent in the south during the early nineteen hundreds.⁷¹

Dr. S. S. Duggan, a practitioner in Eagleville, read before the Rutherford County Medical Society on August 30,

⁷⁰E. H. Jones, M. D., "Obstetrical Maxims Epitomized and Emphasized," Nashville Journal of Medicine and Surgery, V. 97 (1905), 1.

⁷¹E. H. Jones, M. D., "Pellagra, With Report of a Case," Journal of the Tennessee State Medical Association, V. 4 (1911), 97.

Area Physicians 1900-1910

John W. Acuff (Bell Buckle)	George C. Fisher (Unionville)
John S. Bass (Murfreesboro)	Robert J. Fisher (Unionville)
Thomas J. Bennett (Smyrna--Triune)	Edgar C. Freas (Lascassas)
W. C. Bilbro (Milton)	W. R. Freeman (Bell Buckle)
L. A. Brothers (Fosterville)	John Gannaway (Fairfield)
James F. Byrn (Murfreesboro)	Lemuel B. Gilbert (Woodbury)
James M. Chadwick (Beech Grove)	David R. Gooch (Nolensville)
Ephraim Charlton (Davidson County)	B. B. Gracy (Smyrna)
W. F. Clary (Bell Buckle)	Charles R. Graham Elias T. Gray
William Collett	(Versailles)
J. J. Covington (College Grove)	S. C. Grigg
G. W. Crosthwait (Florence)	M. H. Grimmitt (Wilson County)
James P. Curlee (Bradyville)	M. T. Griswell (Wartrace)
Dr. Denny	Leon B. Hagley
James M. Dill (Dilton)	J. D. Hall (Kittrell)
John F. Dismukes (Porterfield)	G. C. Hardin (Murfreesboro)
George T. Drennan (Bell Buckle)	J. T. Harris
J. C. Drennan (Woodbury)	J. P. Hickman (Murfreesboro)
S. S. Duggan (Eagleville)	E. M. Holmes
John N. Dykes (Christiana)	John L. Hoover (Beech Grove)
V. K. Earthman (Murfreesboro)	DeWitt T. Hough
Thomas J. Elam	J. R. Hudson (Major)
Sam E. Estes (Walter Hill)	D. C. Huff (Christiana)
Dr. Evans	A. J. Jamison (Murfreesboro)
John A. Ewing (La Vergne)	J. H. Jernigan (Cannon County)
	Luther R. Johnson (Murfreesboro)

Area Physicians 1900-1910 (continued)

Enoch H. Jones (Murfreesboro)	J. B. Murfree, Jr. (Murfreesboro)
G. M. Jordon (Triune)	J. B. Murfree, Sr. (Murfreesboro)
J. C. Kelton (Lascassas)	Charles E. Myers (Smyrna)
I. H. King (Murfreesboro)	Richard Neal
Robert N. Knox	M. E. Nealy (Walter Hill)
George L. Landis (Unionville)	Boone E. Noblitt (Wartrace)
B. P. Lester (Woodbury)	James K. Norvell (Beech Grove)
N. M. Lewis (Florence)	Houston Odom (Auburntown)
James P. Lyon	W. M. Orr (Midland)
A. W. Manire (Eagleville)	J. C. Overall
R. W. Martin (Milton)	Urban G. Owen (College Grove)
James L. Mason (Beech Grove)	W. T. Owen (College Grove)
James E. Mayes (Almaville)	G. C. Paschall (Williamson County)
J. B. McClellan (Murfreesboro)	A. R. Pinkston (Triune)
Lyman B. McCrary (Woodbury)	Rufus Pitts (Murfreesboro)
A. P. McCullough	Thomas I. Poplin (Midland)
A. E. McKnight (Milton)	M. D. Ratcliff (Auburntown)
Bennett R. McKnight (Auburntown)	R. W. Read
Thomas M. McMurray (Nolensville)	H. C. Rees
L. D. Miller (Murfreesboro)	John R. Rickman (Chapel Hill)
Thomas A. Mitchell (Eagleville)	Jefferson Robinson (Versailles)
Robert Moon (Eagleville)	J. J. Rucker (Salem)
W. A. Moon (Bell Buckle)	M. L. Rucker (Wilson County)
James W. Morton (Chapel Hill)	Charles H. Russell (Nolensville)
	Robley E. Sanders (Walter Hill)

Area Physicians 1900-1910 (continued)

W. J. Sanders	R. C. Van Hook
William H. Sedgewick	Parks Vaughan
(Midland)	R. D. Vaughn
S. B. Smith	(Walter Hill)
(Salem)	E. B. Vaughn
John Simpson	J. C. Waddy
(Wartrace)	(Murfreesboro)
John W. Sneed	Charles E. Walker
(Antioch)	(Antioch)
E. A. Speer	John L. Walker
(Readyville)	(Wartrace)
D. L. Strader	B. N. White, Jr.
(Almaville)	(Murfreesboro)
James T. Summers	Garrett White
(Walter Hill)	(Chapel Hill)
G. W. Taylor	John H. White
J. S. Taylor	(Bell Buckle)
(Puckett)	S. K. Whitson
John Templeton	(Wartrace)
(Wartrace)	H. W. Winstead
James P. Temple	(Williamson County)
(Fosterville)	Thomas W. Wood
W. T. Thach	(Deason)
(Bell Buckle)	Stephen H. Woods
George W. Todd	Dr. Woodson
(Rucker)	William E. Youree
James T. Turney	
(Auburntown)	

1911, a paper on dystocia. This paper was published in the Journal of the Tennessee State Medical Association.⁷²

The Rutherford County Medical Society was meeting regularly and the meetings were held in an office of one of the physician members. The society was meeting monthly and at each meeting some instructive cases were reported and usually an essay was read in addition to the usual business of the society. At the meeting in November, 1912, medical legislation was the subject under general discussion. At that time the county society proceedings were being published in the Journal of the Tennessee State Medical Association if the secretary of the county society would be good enough to send the journal the minutes of the meetings. At the October, 1912, meeting of the local society, Dr. E. H. Jones gave a paper on endometritis and Dr. W. C. Bilbro gave a paper on bradycardia. At the meeting in February, 1913, Dr. Matt B. Murfree, Sr. read an essay on meningitis and at the meeting in March, 1913, Dr. J. C. Overall of Lascassas read an essay on pleurisy. At other sessions in 1913 Dr. S. B. Duggan of Eagleville read an essay on

⁷²S. S. Duggan, M. D., "Dystocia," Journal of the Tennessee State Medical Association, V. 5 (1912), 405.

fracture of the elbow and Dr. Bart White, Jr. reported an interesting case of hematuria. At the February, 1914 meeting Dr. E. M. Holmes and Dr. B. N. White, Jr., reported cases of appendicitis. In December, 1914, Dr. White, secretary of the local society, wrote the Journal of the Tennessee State Medical Association as follows: "There are twenty-four members enrolled, the society is active, attendance at meetings good, and fraternal feeling excellent." In May, 1916, the subject for discussion was arteriosclerosis. At the meeting in October, 1916, Dr. A. E. Goodloe read a paper on rheumatism.

The county society had an annual outing at the fair-grounds near Murfreesboro on July 4, 1917. A number of invited guests were present, among them Doctors O. N. Bryan and E. M. Sanders of Nashville who contributed to the scientific program. The members of the society came with their families and their baskets and had an old-fashioned good time together. This annual outing had come to be a feature which was looked forward to with great pleasure each year and had undoubtedly done a great deal to help make the society a stronger and better organization.

Several doctors from the area served in World War I. The doctors were accustomed to civilian practice and had

to undergo military training to equip them for military duty. They in turn trained the enlisted personnel to prepare them for service in the medical departments. Repeated physical examinations of all enlisted men were necessary to eliminate the physically unfit. All the soldiers were immunized against typhoid and small pox. They were responsible for sanitation of camps, ships, as well as all of the medical needs of the sick and the wounded. The physicians had a great deal more to work with in World War I than they had in the Civil War. Preventive medicine was better understood and better precautions in sanitation and immunization were undertaken. Wounds were treated with the new surgical aseptic conditions. Blood was available for transfusions and intravenous fluids were available which markedly reduced the number of deaths.

On the battlefield, when a man fell in the front line, he received his first dressing from his comrade or an emergency dressing that the soldier had on his person. Then regimental stretcher bearers would attend the wound and, if it was serious, the wound was attended by a regimental surgeon whose aid post would be as near as possible to the fighting line. No surgery was done at

the regimental aid post. The wound was dressed and hemorrhage was controlled as far as possible, and, if necessary, a vessel would be ligated. The wounded soldier, after receiving aid at the regimental aid post, was carried back farther to the advanced dressing stations or advanced aid posts by ambulance bearers. The ambulance then conveyed the seriously wounded to one of the field hospitals. There the patients were carefully examined and whatever necessary was done. In the field hospitals anti-tetanus serum was given and the necessary surgery was performed. He was then transferred to the evacuation hospital.⁷³ Dr. W. T. Robison served ten months of duty with field hospitals in France. Dr. D. C. Haggard of Unionville also served in France. Dr. M. B. Murfree, Sr., was on field hospital duty in France.

The war started April, 1917, and ended November, 1918. Measles and its complications presented one of the major problems in the army camps. Once again the raw country boys, previously unexposed to the common contagious diseases and therefore lacking immunity, were thrown with the inevitable diseases to which they had not been

⁷³Major W. J. Bell, M. R. C., "Surgery on the Battlefield," Journal of the Tennessee State Medical Association, V. 11 (1918), 61.

Area Physicians 1910-1920

J. F. Adams (Bradyville)	John J. Garrett (Rockvale)
E. B. Allen (Murfreesboro)	R. C. Garrett (Eagleville)
J. S. Allen	David R. Gooch (Nolensville)
W. C. Bilbro (Milton)	A. E. Goodloe (Murfreesboro)
L. A. Brothers (Fosterville)	B. B. Gracy (Smyrna)
V. S. Campbell (Murfreesboro)	Elias T. Gray (Versailles)
W. F. Clary (Bell Buckle)	S. C. Grigg
John R. Charlton (La Vergne area)	J. D. Hall (Kittrell)
G. W. Charlton III (Antioch)	John Henry Hamilton (Smyrna)
J. J. Covington (College Grove)	G. C. Hardin (Murfreesboro)
W. J. M. Covington (College Grove)	F. C. Hargis
S. C. Craig	C. C. Harris
G. W. Crosthwait (Florence)	J. P. Hickman (Murfreesboro)
James P. Curlee (Bradyville)	John L. Hoover (Beech Grove)
James M. Dill (Dilton)	J. R. Hudson (Walter Hill)
John F. Dismukes (Porterfield)	D. C. Huff (Christiana)
S. S. Duggan (Eagleville)	A. J. Jamison (Murfreesboro)
Thomas C. Dunn (Murfreesboro)	Edward O. Jenkins (Smyrna)
J. N. Dykes (Christiana)	Enoch H. Jones (Murfreesboro)
V. K. Earthman (Murfreesboro)	J. C. Kelton (Lascassas)
Sam E. Estes (Walter Hill)	George L. Landis (Unionville)
John A. Ewing (La Vergne)	B. P. Lester (Woodbury)
George C. Fisher (Unionville)	Henry Lee
Robert J. Fisher (Unionville)	N. M. Lewis (Florence)
	A. W. Manire (Eagleville)

Area Physicians 1910-1920 (continued)

W. D. Martin (Smyrna)	Rufus Pitts (Murfreesboro)
James E. Mayes (Almaville)	Thomas I. Poplin (Midland)
J. B. McClellan (Murfreesboro)	Robert W. Read W. T. Robison (Murfreesboro)
Lyman B. McCrary (Woodbury)	J. J. Rucker (Salem)
Henry L. McGee (Milton)	John J. Rucker
Bennett R. McKnight (Auburntown)	Robley E. Sanders (Walter Hill)
L. D. Miller (Bradyville)	W. J. Sanders
D. D. Moncrief (Chapel Hill)	J. A. Scott (Murfreesboro)
James P. Moon	Asa D. Sharp (Murfreesboro)
J. Robert Moon (Eagleville)	J. M. Shipp (Readyville)
William A. Moon (Bell Buckle)	S. B. Smith (Salem)
C. H. Morgan (Rucker)	John W. Sneed (Antioch)
James W. Morton (Chapel Hill)	James T. Summers (Walter Hill)
Mathias B. Murfree (Murfreesboro)	J. S. Taylor (Puckett)
J. B. Murfree, Sr. (Murfreesboro)	James P. Temple (Fosterville)
Chester E. Myers (Unionville)	Leland A. Thompson (Bell Buckle)
M. E. Nealy (Walter Hill)	C. E. Tubb
James K. Norvell (Beech Grove)	E. B. Vaughan
J. C. Overall	R. D. Vaughan (Walter Hill)
W. T. Owen (College Grove)	John L. Walker (Wartrace)
Arthur Otis Parker (Auburntown)	B. N. White, Jr. (Murfreesboro)
Ernest W. Patton (Wartrace)	Garrett White (Chapel Hill)
Jack F. Perkins (Beech Grove)	E. L. Williams (Eagleville)

Area Physicians 1910-1920 (continued)

T. H. Wood
(Bell Buckle)
Thomas W. Wood
(Deason)

J. B. Woodruff
William E. Youree

exposed. There were also large outbreaks of mumps and meningitis. Pneumonia was a very prevalent disease. During the autumn of 1918, influenza entered the picture with a terrible epidemic.⁷⁴ Dr. B. N. White, Jr. was cited for meritorious service at Camp Forest, Georgia, where he was working in the communicable disease section of the hospital. In this war, also, the deaths from diseases exceeded those from wounds but the high mortality from disease occurred chiefly in the camps in the United States and was attributable, in large part, to the influenza epidemic of 1918. Had it not been for that epidemic the death rate from disease in the military forces would have been considerably lower.

The 1918 pandemic of influenza reached Middle Tennessee in early September and ended the middle of November. In the Middle Tennessee counties about one person in four contracted the disease and about one person in every three hundred died of it. The deaths were usually due to pneumonia. In some areas all public places were closed until the epidemic had subsided. In Middle Tennessee a considerable number of prominent

⁷⁴Bordley and Harvey, pp. 112-113.

citizens including doctors died of the disease. It was said that most cases were fearful of dying. The epidemic was indeed severe, but not when compared to some of the other epidemics endured such as the cholera epidemics of 1833, 1835, and 1873, and the yellow fever epidemic in Memphis of 1878. Medically speaking, we are only slightly better off in our relationship to influenza today than the world was in 1918. Our advantage is in the possibility of treatment of complications and in the production of artificial immunity. By November 1, the influenza situation in Middle Tennessee was such that the schools and public places were again opened. When the long World War ended some ten days later, the Middle Tennessee area was able to celebrate a double armistice.⁷⁵

⁷⁵John B. Thomison, M. D., "The 1918 Influenza Epidemic in Nashville," Journal of the Tennessee Medical Association, V. 71 (1978).

Area Physicians Serving as Medical Officers
During World War I

Jesse F. Adams
 (Bradyville)
B. F. Donahue
 (Fosterville)
Snethan B. Duggan
 (Eagleville)
Vernon K. Earthman
 (Murfreesboro)
Aareiel E. Goodlee
 (Murfreesboro)
Daniel C. Haggard
 (Unionville)
George E. Horton
 (Wartrace)
D. D. Moncrief
 (Chapel Hill)

Orville B. Moon
 (Bell Buckle)
Mathias B. Murfree
 (Murfreesboro)
J. A. Nunn
 (College Grove)
Asa D. Sharp
 (Murfreesboro)
B. N. White
 (Murfreesboro)
S. W. Williams
 (Cannon County)
H. C. Wysong
 (Beech Grove)

CHAPTER V

STATE OF THE MEDICAL ART 1920-1980

When World War I came to a close the European nations found themselves economically and socially depressed. The war ended Europe's preeminence in medical research especially Germany. As a result of the economic and social devastation, a "brain drain" of eminent scientists occurred with the migration of many great men to the United States. These men became established in various university centers and along with our own developing scientists, developed brilliant research centers which were to surprise and benefit all the world with their startling discoveries.

Even more scientists immigrated to the United States just prior to and after World War II. Abraham Flexner's work in the evaluation of all the medical schools at the turn of the century was a great step toward the future development of research centers and the advancement of scientific knowledge. He published his report in 1911, and, as result of the report, charitable foundations, such as the Rockefeller and Carnegie, supported the institutions of merit with millions of dollars. This resulted in the closing of inferior institutions and the development of the superior ones. In the state of Tennessee it resulted

in the closing of the University of Nashville and several other medical schools which were existent in the state, and served the development of the three institutions we see today; Vanderbilt University, The University of Tennessee, and Meharry.

A gradual increase in requirements for medical school admission was seen during the 1920s; by 1930 two years of college pre-medical education were required for entrance to medical school and the medical school curriculum had been increased to four years. As the scientific knowledge began to mushroom, it became very apparent that an appropriately educated physician must have greater education. The pre-medical requirements by the 1940s had increased to three years and today most institutions prefer a bachelor's degree before admission to medical school; uniformly, all medical schools have a four year curriculum before granting an M. D. The concept of internship and residency training in hospitals was developed in the late nineteenth century especially at John Hopkins and gradually was embraced by all the other good institutions. This resulted in the development of internship requirements following graduation before one could be licensed to practice medicine by any of the several states.

As the knowledge in medicine advanced the practitioner in general medicine found it difficult to remain abreast

of all the finer details in each discipline of medicine and surgery. This led, then, to the development of specialization, and the various disciplines found themselves fragmented into subdisciplines, such that today an enormous specialization in the medical field is appreciated.

The development of medicine over the last sixty-odd years has been along two major lines; specialism and preventive medicine. These are not divergent branches of progress but have brought about advancement in all that is implied in the term "preventive medicine."

With the development of better research centers medical discoveries increased in pace. One of the great contributions to medicine in 1921 was contributed by Doctors Banting and Best with their successful isolation of insulin. Prior to 1920 the only treatment for diabetes was strict control of the diet with severe limitation of carbohydrate intake. In spite of the most rigid dietary adherence the disease frequently was fatal. Young diabetics rarely survived for more than a few years. The first insulin injection was given to a young boy in a Toronto hospital in 1922. The Eli Lilly Company undertook the commercial production of insulin in 1922.

Research in genetics was in progress and the chromosome theory of heredity was postulated by the American

biologist, Thomas Hunt Morgan, in 1921. Vitamin E was discovered in 1922. Vitamin B in pure form was isolated in 1926 by Jansen and Donath. The theory of the gene was propounded by Thomas Morgan in 1926, and Doctors Murphy and Minot treated pernicious anemia with liver extract successfully in 1926. Alexander Fleming discovered penicillin in 1928. In 1929 Vitamin K was discovered by the Danish biochemist Henrik Dam. Yellow fever vaccine was developed in 1930 by Max Theiler. A Swiss chemist, Paul Karrer, isolated Vitamin A in 1931. Fritz Mietzsch and Josef Klarer demonstrated the antibiotic effect of sulfanilamide in 1932. Vitamin D was discovered in 1932. Reichstein synthesized pure Vitamin C in 1933. Vitamin B₂ was recognized by Doctors Kuhn, Szent-Gyorgyi and von Jauregg in 1933. Vitamin E was chemically identified by Karter, Salomon, and Fritzsche in 1938, and Vitamin B₆ was isolated in 1938. The Rh factor in human blood was discovered by Philip Levine and Rufus Stetson in 1939.

In addition to the great discoveries in the chemical and physiology laboratories as listed above, much research was going on in the field of physics, and important developments in the field of surgical techniques. The American surgeon, Harvey Cushing, developed new techniques in brain surgery during the 1920s. The ultra-centrifuge

was developed by Theodor Svedberg in 1923. Wilhelm Einthoven received the Nobel Prize in medicine for pioneering work in electrocardiography in 1924. The "iron lung" was developed by Drinker and Shaw in 1927. The cyclotron was being developed by Lawrence in 1930. This contributed toward the introduction of enormous advances in nuclear medicine in later years. Alexis Carrel developed an artificial heart in 1936. The first electron microscope was demonstrated by the Radio Corporation of America in Camden, New Jersey, in 1940. Intensive atomic research was begun in 1941 as the "Manhattan Project" and Enrico Fermi split the atom in 1942. J. Andre-Thomas devised a heart-lung machine for heart operations in 1951. Radio-active isotopes were first used in medicine and industry in 1952.

The optical microwave laser was constructed in 1960. Michael DeBakey first used an artificial heart to take over the circulation of a patient's blood during heart surgery in 1963, and Dr. Christiaan Barnard performed the world's first human heart transplant operation in Cape Town, South Africa, in 1967. The heart pacemaker was first implanted in 1970 to correct a condition called "heart block." The first "test tube baby" was born in England in 1978.¹

¹Bernard Grun, The Timetables of History (New York, N.Y.: Simon and Schuster, 1979).

It is important, when discussing the developments in the twentieth century, to realize that in each of these areas, basic research had already started many years prior to the final discovery, and, in many cases basic scientific research had started in the early nineteenth century. A whole field of science rarely develops over-night. It is usually developed through a series of classical experiments over a long time frame involving the talents and efforts of many scientists. As an example, modern gastroenterology could be said to have been born on June 6, 1822, when Dr. William Beaumont treated the severe wound of Alexis St. Martin which left his stomach permanently exposed through the abdominal wall. Dr. Beaumont's classic series of experiments proved the presence of hydrochloric acid in the gastric juice. So the developments have usually been stepwise, the startling new discoveries having been predicated on the researches of many people in the past.

Specialization has spread continuously. The American Medical Directory now lists sixty-six specialties, the last two of which are aero-space medicine and emergency medicine. A few of these fields will be chosen to illustrate the remarkable advances of the twentieth century.

In the field of human genetics research has steadily advanced. Intensive research on inborn or genetic errors

started in the 1940s. As a result of such researches, the cause of Down's Syndrome (or Mongolism) is now recognized as a genetic error. In the late 1960s techniques were developed for prenatally diagnosing genetic diseases by culturing cells obtained from the amniotic fluid. This has permitted the detection of abnormal fetuses. Recent experimental work indicates that someday it may even be possible to introduce genetic material into defective cells so that they might essentially cure themselves.

Immunology actually began its history at the end of the nineteenth century and is one of the building stones of preventive medicine. The present century has seen the introduction of large scale vaccinations against diphtheria, tetanus, small pox, polio, whooping cough, typhus, cholera, measles, mumps, influenza, and most recently, hepatitis B. Allergic reactions were recognized.

At the end of World War II, immunology entered a phase which eventually permitted a molecular biological explanation for many of the immune phenomena associated with infectious diseases and which showed that many other biological activities, not directly related to infectious diseases, actually have an immunological basis. In the 1930s it had been discovered that the factors in blood which carry out the immune activity are in the gamma globulin fraction of the blood serum. Later studies showed these factors to be protein molecules, called immunoglobulins, which are capable of a wide range

of interacting functions (e.g., with polio virus, tetanus toxin, diphtheria toxin, ragweed pollen).²

In the first part of the twentieth century the viruses could only be studied by observing the effect on the organisms they infected. They were too small to be seen by the ordinary microscope. With the invention of the electron microscope it was possible to examine the structure of viruses in greater detail and to study their relationships and reactions within the cells they infected. Methods were developed for growing cells in culture media called "tissue culture." This permitted the development of knowledge regarding the genetics in mutation of viruses. The practical results from all this research have had beneficial effects on the health of mankind second only to the discovery of antibiotics. The development of the polio vaccine, rubella vaccine (German measles), measles vaccine, hepatitis B etc., are examples of the benefits.

In the field of cancer more and more information is being developed but we are still far from all the answers; however, in the process of this research we have developed a totally new field called oncology, which specializes

²Albert S. Lyons, M. D., F. A. C. S., and R. Joseph Petrucelli, II, M. D., Medicine An Illustrated History (New York, N.Y.: Harry N. Abrams, Inc., Publishers, 1978), p. 579.

in cancer treatment. The tools of research and therapy used in oncology are radiation and chemotherapy.

In the fields of diagnosis and therapy radiation has been useful not only in the therapeutic treatment of cancer, but it has also been a powerful tool in the diagnosis of disease. X-ray facilities in hospitals and offices have become centers of diagnostic activity. Tuberculosis became detectable earlier and cancers were found more readily at stages when they could be surgically removed. Early in the 1920s methods of visualizing the gall bladder and kidneys by X-ray were developed using contrast media. These workers and others took the first step toward the visualization of blood vessels, heart and other structures by techniques which used X-ray. A new concept developed in the early 1970s: a diagnosis by computer processing of many beams of radiation cast into the body from different directions (computerized axial tomography or CAT-SCAN), which provided insight into the interior of the body far exceeding the capabilities of the conventional X-ray facilities. The use of radio-active isotopes for purposes of "scanning" has been developed and may show abnormalities in the lungs, tumors in the brain, growths in bone, masses in the thyroid, liver, and other organs.³

³Lyons and Petrucelli, pp. 587-588.

Penicillin and sulfanilamides were used successfully in the treatment of bacterial disease in the early 40s. After World War II the field of antibiotic research advanced rapidly with the introduction of streptomycin, tetracyclines, chloramphenical. Today we have available a host of antibiotics to cover most of the vast spectrum of bacterial disease.

As new substances were used, bacterial targets developed resistance so researchers have had to enter an ever-quickenening race to stay ahead of the adaptation by germs to each new drug. Furthermore antibacterial agents are limited by the inherent toxicity and newly acquired allergies and sensitivities of [some] patients to the antibiotics.⁴

High blood pressure was known late in the nineteenth century and efforts to measure it were started by various researchers in Europe. The first blood pressure manometer was developed in Germany but it was cumbersome and not accurate. Late in the 1890s an Italian physician improved the manometer, making it much more accurate and less cumbersome. Dr. Harvey Cushing, returning to America from a trip in Europe, brought one of these instruments back and started measuring blood pressure for the first time in America in 1905. Rapidly following this, the use of a blood pressure measuring instrument became a part of

⁴Lyons and Petrucelli, p. 590.

routine examinations. Then problems of elevation in blood pressure started to be intensively investigated. Various medications were tried to reduce blood pressure. In the late 1920s the surgeons developed a surgical procedure called sympathectomy which reduced the blood pressure in patients who had severe blood pressure disease (the so-called malignant hypertension). Gradually drugs have been introduced which have been effective in reducing the blood pressure. Now a whole host of these medications are available which allow the hypertensive patient to control his problem permitting him to lead a productive, near normal life.

With the advent of preventive measures in the control of epidemics the deaths from infectious disease began a decline. As a result the life expectancy of the population began to increase. As the age of the population increased other diseases began to occupy a more prevalent position in the cause of mortality. Whereas a hundred years ago infectious diseases were overwhelmingly the most prevalent cause of death, today we find cancer and cardiovascular disease. Research efforts into these two areas have been immense but they continue to be the major causes of death in our population excluding trauma from accidents. To choose one of these areas in illustrating

the advances in medicine from 1920 to 1980 cardiovascular disease offers ample illustration.

Einthoven's experiments demonstrated a correlation between occlusion of coronary arteries in animals and the development of abnormal changes on the electrocardiogram. These experiments led to modern electrocardiography; the physician can now see certain changes suspect of cardiovascular disease; and he can frequently identify the changes of acute heart attack due to coronary occlusion. It also allowed development of knowledge in conduction defects (rhythm disturbances) of the heart. The field of cardiology, therefore, was enormously aided by the development of the electrocardiogram. Each year more than 1.5 million Americans suffer heart attacks, a large percentage of whom die. In most instances these attacks are due to coronary insufficiency or occlusion and many of the deaths are sudden. This led to the realization that the sudden deaths were due to rhythm disturbances produced by faulty blood supply to the heart muscle; this knowledge in turn lead gradually to the development of the concept of a Coronary Care Unit (heart unit). The innovators and researchers realized that if some means could be developed to constantly monitor a coronary patient's heart rate and rhythm, it might be possible to prevent many of the fatal

rhythm disturbances. The concept of counter electric shock had been developed years previously; electric shock was known to be capable of producing a fatal arrhythmia; but it also was known that countershock could restore a normal beat in some hearts with fatal arrhythmia. Gradually these concepts were improved and today's modern coronary care unit is the result. Simultaneously the concept of cardiopulmonary resuscitation was developed; now artificial resuscitating measures for breathing and circulation can be instituted early in the course of respiratory or heart arrest. These new concepts have considerably reduced the mortality in cardiovascular disease.

Further, in the field of surgery the development of the heart-lung machine allowed the surgeons to do open-heart surgery with insertion of artificial heart valves to replace defective ones (most of which occurred as the result of rheumatic fever or congenital defects) which otherwise could have been fatal early in life. With the development of contrast media studies in X-ray, arteriographic studies were developed which allowed the practitioner to see the actual arteries and to note the obstruction of blood supply not only to the heart but also to other such as the brain or extremities or the abdominal viscera. Once a technique was devised to

demonstrate the area of obstruction it was only a matter of course for the surgeons to develop a process by which the obstruction could be by-passed. The development of today's coronary by-pass surgery and by-pass procedures in other areas of the body was a natural result.

When Barnard transplanted the first human heart in 1967, the medical community and lay population alike developed feverish excitement over the future potentiality. As the researches in the field of immunology began to develop drugs which could suppress the immune system (which was frequently rejecting the donor tissues) more and more transplant procedures became available and were far more successful. Today, in addition to heart transplants, surgeons are performing successful kidney transplants, liver transplants, heart-lung transplants, bone marrow transplants.

To produce all of these wonders of modern medicine has required the intermeshing and cooperation of many scientific disciplines, each complimenting the other, and cooperating to build a scientific framework of knowledge and technique which have allowed the development of unbelievable progress in the treatment of human disease.

Today's modern hospital with all its improved diagnostic facilities, treatment expertise, qualified

professional personnel, and superb ancillary and supporting facilities and personnel is a far cry from the treatment centers earlier in the century. Further, the education of not only the physician, but also the other professional people involved in health care, has been markedly improved, and, in fact, demanded by the profession and public alike. A big contribution to the improvement in medical care has been due to improved education of the public toward medical problems; the effectiveness of the various communication media as well as the educational efforts on the part of organized medicine has contributed greatly to this end. The communication media has been very active in informing the lay public about medical developments over the years, teaching them about the developments of new medications, new diagnostic procedures, how to handle various medical crises, all of which has led to a much more informed and sophisticated lay population toward medical matters.

One must also consider the improved communication and transportation available to the modern public. With the improvements in these areas, we now enjoy a superb ambulance capability with resuscitation units and trained resuscitation personnel on the units which allow transportation of the acute patient from the site he was stricken to the hospital, supporting him during transport by professional

personnel. Further, these units while en route are in communication with emergency room units, whose physicians can give appropriate medical advice allowing the ambulance personnel to administer many support measures to the patient until he reaches the hospital. Now heliports are being developed in the larger medical centers for the purpose of rapidly evacuating acutely ill patients to the hospital.

The list of new medicines available for therapy in various disease states, the new surgical and medical procedures available, the ever increasing knowledge in all the areas of medicine is mind boggling. Undoubtedly these unprecedented advances have made the modern physician more satisfied with his work than perhaps the earlier physicians were. More tools and understanding are available to the modern physician. The same is true with the lay public. They obviously are much more satisfied with the treatment received today than were the people a hundred years ago.

Nevertheless, to put all this into perspective we must still realize that we have no cure for arthritis, no cure for the problem of aging, no cure for all of the forms of cancer, no cure for many diseases of the central nervous system. And we must also realize that with the cure of so many diseases of the past resulting in the consequent prolongation of the average life expectancy by decades, we

have developed other social and therefore other medical problems which command the attention and efforts of modern man--the problem of drug abuse, alcoholism, mental stress, the appalling loss of life through accidents, and the enormous load put on hospitals and surgeons to treat the trauma resulting from accidents. It certainly seems that as old problems are solved, new and frequently more formidable problems present themselves as a new and ever increasing threat.

Today the doctors' powers

. . . to prevent and control disease have grown out of all recognition. If scientific progress can be kept at present levels--which is no foregone conclusion but needs untiring and intelligent efforts; if the social gap can be bridged between medical knowledge and its availability to the majority of the community; if civilization is able to survive the catastrophies which threaten it; then most of the history of medicine so far may be hardly more than "prehistory" to future historians and doctors. Yet their debt to their predecessors will be as immeasurable as is ours to the anonymous caveman who once in the dim past discovered the use of fire.⁵

⁵Erwin H. Ackernecht, M. D., A Short History of Medicine (Baltimore, Md.: John Hopkins University Press, 1982), p. 240.

CHAPTER VI

MEDICAL PRACTICE IN RUTHERFORD COUNTY 1920-1980

Rutherford County Medical Society remained organized but did not hold the usual regular meetings during World War I because so many of the doctors were in the military service, but in 1920 reorganization was effected. The society met in February of 1920 and elected Dr. M. B. Murfree, Sr., president, Dr. J. M. Shipp of Readyville vice-president, Dr. J. A. Scott secretary-treasurer; Dr. Murfree and Dr. V. S. Campbell were chosen as delegate and alternate delegate respectively to the state convention. Following the reorganization the medical association met regularly and was thoroughly active. The meetings were held in the basement of the Central Christian Church and at each meeting the ladies of the church served the society lunch.

At the December 1 meeting 1920 of the Rutherford County Medical Society the entire December program was devoted to the subject of cancer with several case reports. At the meeting of May 4, 1921, Dr. J. F. Adams of Bradyville presented a paper "What the Country Doctor Can Do."

In the fall, 1922, the Middle Tennessee Medical Society met in Murfreesboro. Committee on arrangements were Doctors Robison, Murfree, and Scott. The meeting was

held in the Elks Club but the public meeting was held in the auditorium of Middle Tennessee State Normal and a banquet was held for the members at Middle Tennessee State Normal. Dr. J. F. Adams of Bradyville gave some case reports at the meeting and Doctor M. B. McCrary of Woodbury gave a paper on pellagra.¹

During the 1920s, at least up until the time Rutherford Hospital was built, the basic health care delivery system changed little over the methods used during the first twenty years of the century. However, immunizations had been developed and were being used for the purpose of prevention. The doctors still practiced much of the medicine and surgery in the homes of the patients, traveling widely into the county. Doctors Robinson, Murfree, and J. F. Adams did most of the surgery in the area, most of which was done in the home of the patient, usually on the kitchen table, but, if extensive surgery was involved, they sent the patient to a Nashville hospital. Sometimes a Nashville physician would journey to Murfreesboro to assist a local physician in surgery at the patient's home. Obstetrical deliveries at that time were done almost all in the home, elaborate preparation

¹Mayne B. McCrary, M. D., "Pellagra," Journal of Tennessee State Medical Association, V. 15 (1923), 529.

being made to insure antisepsis so far as possible. Instruments were being sterilized and the doctors wore sterilized gloves for surgical procedures and obstetrical deliveries. They carried sterile packs with them into the homes, having been prepared at their offices, but occasionally the instruments would be sterilized in the home. Most of the doctors in the 1920s had automobiles, but in the country some still used the buggy, and in some cases horseback. Many of the physicians had a driver because they weren't too adept at managing the new "motor machines."

Communication between Murfreesboro and Nashville was improved, allowing reasonable access to Nashville hospitals except in certain emergencies. The Nashville, Chattanooga and St. Louis railroad served Murfreesboro and Nashville. There were five trains daily between Nashville and Murfreesboro. The hard surface road between Nashville and Murfreesboro was said to be the best road in the state, and regular bus service four times each day and a touring car service every hour from Nashville to Murfreesboro was in service. There were no hospitals in the county and no laboratory facilities available. When laboratory tests were required, the doctors used the state laboratory in Nashville. From a public health standpoint there was no

real organized public health program in the county in the early twenties. Rutherford County had only four registered nurses and three practical nurses in addition to the Red Cross nurse, Miss Ferguson. There were sixteen midwives practicing in the county, all untrained. There was no regular organized clinic work in the county and no efforts had been made by the local health authorities along the line of venereal disease control. The county certainly needed an active public health program and the county was in desperate need of hospital facilities.

The Red Cross Chapter was organized during World War I and headed by Mr. S. B. Christy Jr., a local business man. Whatever real public health work was done from then until the establishment of a public health program was done by the Red Cross under the efficient public health nurse, Miss Maude Ferguson. The work was financed by the local chapter of the Red Cross with an annual appropriation by the city of Murfreesboro. Miss Ferguson developed a public health program that included physical examinations of school children and a generous amount of public health education. She had the loyal support of a number of physicians and dentists who gave generously of their time and services to assist her. The county court appropriated and provided a health

budget for the county. A part time health officer was appointed by the county court which appropriated \$700 annually for his salary and incidental expenses. The major portion of his activities consisted of visits to patients at the county farm and county jail. A County Board of Health was in existence but no health work of an organized nature was carried on by this organization. There also was a City Board of Health early in the 1920s and there was a part time health officer who was given a salary of \$300 a year. His duties consisted chiefly of treating the sick in the city jail.

There was a very high tuberculosis death rate in Rutherford County during the twenties, an exceedingly high mortality from typhoid fever and a moderate infant mortality rate. The water supply of Murfreesboro during the early twenties, although chlorinated, needed filtration. There were abundant areas of public health need. The general health standards of the community were found lacking. Many homes within the city limits had no toilet facilities. Commercial farms and factories had ignored sanitary conditions. There was an unusually high incidence of pellagra, hookworm, venereal disease. There was an inadequate sewerage system. Miss Ferguson, of the Red Cross, learned of the Commonwealth Fund in New York

Area Physicians During the 1920s

J. F. Adams (Bradyville--Woodbury)	Sam E. Estes (Walter Hill)
E. B. Allen (Murfreesboro)	W. R. Estes (Auburntown)
J. S. Allen (Murfreesboro)	J. A. Ewing (La Vergne)
H. Ashley (Noah)	C. N. Ferguson (Chapel Hill)
J. B. Black (Murfreesboro)	J. K. Freeman (Bell Buckle)
T. J. Bratton (Woodbury)	W. H. Garner (Murfreesboro)
L. A. Brothers (Fosterville)	J. J. Garrett (Rockvale)
V. S. Campbell (Murfreesboro)	R. C. Garrett (Eagleville)
Lennora S. Carter (Murfreesboro)	D. R. Gooch (Nolensville)
J. W. Cartwright (Christiana)	A. N. Gordon (Fosterville)
M. L. Connell (Wartrace)	J. R. Gott (Murfreesboro)
W. J. M. Covington (College Grove)	B. B. Gracy (Smyrna)
Albert M. Cross (Woodbury)	W. W. Graham (College Grove)
G. W. Crosthwait (Florence)	J. D. Hall (Readyville)
Charles R. Crow (Bumpus Mills)	H. E. Handley (Murfreesboro)
N. H. Culbertson (Chapel Hill)	James R. Hamilton (Murfreesboro)
E. A. Davis (Murfreesboro)	John H. Hamilton (Smyrna)
C. W. Dickey (Nolensville)	G. C. Hardin (Murfreesboro)
J. F. Dismukes (Milton)	F. C. Hargis (Lascassas)
J. H. Dyer (Wartrace)	J. T. Harris (Walter Hill)
V. K. Earthman (Murfreesboro)	J. P. Hickman (Murfreesboro)
W. T. Eatherly (Chapel Hill)	J. L. Hoover (Beech Grove)
W. J. Engles (Smyrna)	D. C. Huff (Christiana)

Area Physicians During the 1920s (continued)

J. D. Huff (Readyville)	J. C. Overall (Murfreesboro)
A. J. Jamison (Murfreesboro)	G. C. Paschall (Arrington)
J. T. Johnson (College Grove)	James A. Paty (Bell Buckle)
J. E. Jones (Murfreesboro)	J. G. Robinson (College Grove)
J. C. Kelton (Lascassas)	W. T. Robison (Murfreesboro)
W. C. Kirkland (Wartrace)	J. J. Rucker (Overall)
G. L. Landis (Unionville)	R. E. Sanders (Walter Hill)
Harry Lee (Walter Hill)	J. A. Scott (Murfreesboro)
J. H. Lemore (Murfreesboro)	J. M. Shipp (Readyville)
J. S. Lowry (Smyrna)	J. H. Smith (Beech Grove)
J. B. McClellan (Murfreesboro)	S. B. Smith (Overall)
M. B. McCrary (Woodbury)	T. M. Smoot (Woodbury)
H. L. McGee (Milton)	D. H. Sneed (Milton)
B. R. McKnight (Auburntown)	J. W. Sneed (Antioch)
D. D. Moncrief (Chapel Hill)	J. W. Summers (Walter Hill)
J. P. Moon (College Grove)	J. P. Taylor (Wartrace)
J. R. Moon (Eagleville)	J. S. Taylor (Almaville)
W. A. Moon (Bell Buckle)	C. E. Tubb (Murfreesboro)
M. B. Murfree, Sr. (Murfreesboro)	R. C. Van Hook, Sr. (Norene)
H. S. Mustard (Murfreesboro)	John L. Walker (Wartrace)
Bristol Nelson (Murfreesboro)	J. I. Waring (Murfreesboro)
O. G. Nelson (Murfreesboro)	B. N. White, Jr. (Murfreesboro)
B. L. Ousley (Christiana)	Garrett White (Chapel Hill)

Area Physicians During the 1920s (continued)

S. L. Wiles	Dexter Woods
(Halls Hill)	(Murfreesboro)
S. W. Williams	T. H. Woods
(Gassaway)	(Bell Buckle)
E. L. Williams	H. C. Wysong
(Eagleville)	(Beech Grove)
J. B. Woodruff	W. E. Youree
(Murfreesboro)	(Readyville)

City and its interest in establishing child health demonstrations. Mr. Christy, Red Cross head, contacted the Commonwealth Fund, hoping to influence them to establish such a program in Rutherford County. This led to a consideration of Rutherford County for establishment of a Child Health Demonstration Unit financed by the fund. Dr. S. J. Crumbine was sent by the Commonwealth Fund to investigate the possibilities in Rutherford County. He worked in the area for some time, preparing an elaborate report to take back to the Commonwealth Fund. He listed all the resources of the area, considered the possible support systems of the clubs and organizations, local physicians and dentists, prepared an extensive evaluation of the health in the county, studied the public school system and its needs from a health standpoint, and worked carefully with the State Health Department to insure their interest, should the fund establish one if its demonstrations in Tennessee. He evaluated the various support systems that existed in Nashville such as laboratories, hospitals, the State Health Department, the medical schools, and the nursing schools. On June 10, 1923, Dr. Crumbine, in company with some state health officials, motored to Murfreesboro from Nashville and met with several interested citizens and officials. An

official meeting was held at the Woman's Club in the afternoon at which Judge John E. Richardson of the city court presided. Mr. S. B. Christy introduced Dr. Crumbine who outlined the plan of demonstration. His associate, Dr. DeSaussure, gave a short talk on public health. Dr. Bishop, the state health officer, gave a very earnest talk in which he asked "What can we do to deserve this demonstration?" Miss Ferguson of the Red Cross talked of the great benefit to Tennessee should the demonstration be established here. Dr. B. M. White, Jr. spoke for the doctors stating that the citizens of Rutherford County would grant every request of the demonstration committee because all the requests were just and he felt that a County Health Unit should be established here. There was firm support from the medical community. Dr. S. B. Smith, the county health officer, reported that the people were realizing the need for a health demonstration and that he would personally support it in every way he could. Dr. W. T. Robison spoke for the need of the demonstration. Many other interested citizens spoke in support. Mr. Christy moved that a Public Health Association be formed. The motion was carried at the meeting and the following were elected by acclamation: Mr. S. B. Christy, president; Dr. White, vice-president, Mrs. Edgar McAdoo,

secretary; and Mr. S. L. Ledbetter, treasurer. The president then appointed an executive committee to consist of the president, the secretary, and the following members: Mr. Richard Stickney, Mr. J. K. Marshall, and Mr. Richard Moon. Dr. Crumbine wrote up all of the material and sent elaborate reports back to the Commonwealth Fund with his personal impression that "If a rural community is to be selected for the demonstration, Rutherford County should receive serious consideration."²

Rutherford County was selected and the demonstration began in 1924. The Commonwealth Fund maintained the objective that adequate health service in the community or county could only be obtained by providing facilities for well-ordered clinical service as well as for an effectively organized health department. The two should work cooperatively and it was with this objective that they started the demonstration. The demonstration was a five year program to develop a pattern of health organization which could be used in all southern communities. Dr. Harry S. Mustard was the first director. Other staff included a pediatrician, health educator,

²S. J. Crumbine, M. D., A Study of Rutherford County, Tennessee, unpublished manuscript, prepared for the Commonwealth Fund, New York, N. Y., 1923.

sanitarian, laboratory technician and five public health nurses. Miss Maude Ferguson was appointed the Director of Nursing.

The child health demonstration committee developed a concept of public health and a framework for putting it into effect which was carried forth from its beginnings to the present day, improving services all along the way. The concept was based on teamwork among the officials of the community, the doctors, the dentists, the teachers, mothers, fathers, and the children themselves. They developed fifteen health committees scattered over the county which did a great deal for the welfare of the mothers and babies in their own neighborhood. Some of those committees were connected with parent-teacher associations. The Rutherford County Medical Society gave the child health demonstration its official approval, and its individual members, like progressive doctors should, turned their attention more and more to keeping children well in addition to curing them when they were sick. Children in the schools were taught from day to day the way to be healthy. They went about their work of improving sanitation throughout the county. An effort was made to have sanitary toilets built at every school outside the sewered area of Murfreesboro. They knew that insanitary privies



Rutherford County Health Department

1924

The county health department and the child health demonstration established offices and clinic and laboratory facilities in this building on N. Spring Street in 1924.

polluted the surface soil with human waste and this would surely pollute nearby wells and lead to many of the diseases such as typhoid and summer diarrhea complaints among those who drank the water. A sanitary privy built at a school could be conveniently observed and copied by home owners and tenants in the neighborhood.

Immunization was encouraged and programs of vaccination were developed for small pox, diphtheria, and typhoid fever among the children. They influenced Murfreesboro to adopt an ordinance which required dairymen to maintain certain standards of purity of milk which was supplied for use in the city. Nurses visited expectant mothers to help them prepare for childbirth under a doctor's guidance and the nurses made visits to mothers of very young babies to help them care for their children through the difficult first weeks of life. A pediatrician (the first one provided by the Commonwealth Fund was Doctor Waring) conducted well-baby centers in Murfreesboro and at various points in the county to which mothers could bring their babies and children who were still below school age. The pediatrician would examine the child, and tell the mother, if he found a medical condition, that the child should be taken to their family physician. He gave general advice regarding feeding and healthful care. He examined

school children, about a third of all the children in the schools every year, so that each child would be examined once in three years to find out whether they were developing as they should, watching for signs of conditions that needed the attention of the family doctor or dentist. Nurses would help at the examinations of these children and would visit the parents in their homes afterward to make sure that the doctor's advice was understood and followed as completely as possible. After three years of the demonstration it was noted statistically that of the 476 babies who received health demonstration care, 15 died (1 out of 32). Of the 250 babies not under the demonstration program 35 died (1 out of 7).

The object of the school medical examinations was not only to keep track of the child's progress in health but also to find in time the physical handicaps and dangers which might seriously interfere with a child's school work and later life. They developed what was called a blue ribbon program. This was developed as an educational program in the schools which motivated the children to eliminate handicaps found at health examinations by going to their family doctor or dentist to have the conditions corrected. One such youngster in Lavergne one year won his blue ribbon only after getting glasses, having his

tonsils treated, his teeth fixed, and improving his posture; every one of these changes for the better would pay him dividends long after the blue ribbon was forgotten. Children were taught good health habits by their teachers with the help of a health educator supplied for the time by the child health demonstration. They learned what foods constitute a healthy diet. They learned what baths, fresh air, and plenty of sleep do for health and generally how to make every day count in building up strength and vigor. In some small schools where there were no wash basins, the children developed the habit of pouring water over each others hands at the edge of the school porch so that they might be clean before they eat. Outside one small school youngsters drank out of folded paper cups so as to avoid "exchanging germs."

The health education did not stop at the schools. The women who were organized into the fifteen local health committees were themselves studying what a neighborhood could do to promote its own health.

The demonstration unit developed a venereal disease clinic. They built five tents, floored and screened, which were used in the county to enable those who had tuberculosis to live out doors (at that time fresh air was considered the best treatment for tuberculosis). They

developed systems of vital statistics, keeping record of births, deaths and certain illnesses. In Murfreesboro a laboratory was provided so that milk and water supplies might be tested for purity.³

The child health demonstration ended January, 1929. When the health demonstration was completed, Dr. H. S. Mustard prepared a final report for the Commonwealth Fund on the demonstration. The success of the demonstration was evident; very striking results were attained in lowering the death rates among mothers and infants. The city and county were prompted to appropriate funds for the maintenance of a permanent Rutherford County Health Department. The demonstration had attracted the attention of foreign countries and many visitors from such places as Turkey, Norway, Mexico, Canada, and many other foreign countries, as well as visitors from many states in this country came to observe the work here. All were very impressed with the excellent work that was carried on in the county. In 1930 a report was published by the American Public Health Association showing that the Rutherford County Health Department received the highest score of

³They're Pioneers (Murfreesboro, TN: Rutherford County Child Health Demonstration Committee, 1927).

any rural county in the country. For some time the Tennessee State Health Department had recognized the high type of public health promoted here and had been sending physicians and nurses to this county for field training under the direction of the local health department.

Dr. J. B. Black, who had been with the health department as a health officer since 1927, became the director of the Rutherford County Health Department when Dr. Mustard ended the demonstration. As a result of the success of the demonstration the Commonwealth Fund of New York notified Mr. S. B. Christy that the Board of Directors of that charitable organization had appropriated \$75,000 for a building to house the Rutherford County Health Department. The building was to be given to Rutherford County, since the authorities of Rutherford County had shown a willingness to help themselves by appropriating sufficient funds for the maintenance of its well organized Health Department.⁴

The site for construction of the new Health Department was chosen to be the corner of North Church and East Lytle Street. It was the site of the old Cannon home.

⁴The Home Journal, Murfreesboro, Tennessee, June 17, 1930.



Rutherford County Health Department

1931

The Commonwealth Fund of New York City presented the building to Rutherford County during dedication ceremonies October 5, 1931.

Application for a charter for the Rutherford County Health Corporation, the holding company for the Rutherford County Health Department, was made and granted in 1930. The officers of the new corporation were S. B. Christy, president; A. L. Smith, C. M. Haynes, Julian Lytle, T. E. Hord, A. T. Elmore, and S. E. McElroy.⁵ The Health Department building was completed in 1931 and was presented to Rutherford County by the Commonwealth Fund of New York in formal dedication ceremonies October 5, 1931. S. B. Christy, chairman of the board of directors of the Health Department, presided over the occasion which was held in the auditorium of the new building and attended by members of the county court and several hundred others. The first speaker was Collier Crichlow, city commissioner, who was followed by Dr. H. S. Mustard. Dr. E. L. Bishop, State Health Commissioner, was next introduced and delivered a short but fitting talk on health work in Tennessee. Mr. Barry Smith of New York, director of the Commonwealth Fund, made the main address of the occasion, presenting the building to the county, and Mr. Christy accepted the building on behalf of the county.⁶

⁵The Home Journal, Murfreesboro, Tennessee, November 21, 1930.

⁶Daily News Journal, Murfreesboro, Tennessee, October 5, 1931.

A disturbance arose in the Rutherford County Medical Society in the mid 1920s over the alleged unethical conduct of certain of its members. The controversy which ensued raged for some time and without any apparent hope of settlement. Finally on June 21, 1926 a group of the members from Rutherford and Cannon County met and organized the Stones River Academy of Medicine. The newly organized doctors wrote the Tennessee State Medical Association through the district counselor and sent the charter, requesting that it be revoked and a new one issued to the newly organized Stones River Academy of Medicine.

TO: THE HOUSE OF DELIGATES OF TENNESSEE STATE
MEDICAL ASSOCIATION

. . . at its annual session April, 1926, in Memphis: We the undersigned Physicians of Rutherford County, state of Tennessee, all of whom are reputable and legally registered and practicing non-sectarian medicine, respectfully petition that your honorable body issue to the undersigned a charter for organization and operation as the "RUTHERFORD COUNTY MEDICAL SOCIETY."⁷

At that time Dr. J. P. Taylor of Wartrace was the counselor for the fifth district. He carried the information to the state medical association counsel who considered the request and rejected it. Dr. Taylor then wrote Dr. Scott,

⁷From the files of the Rutherford County and Stones River Academy of Medicine.

I am returning under separate cover the charter of the Rutherford County Medical Society in accordance with the decision of the counsel of the Tennessee State Medical Association. This action was taken by the counsel for the reason that there were no definite facts assigned that seemed to justify its revocation.

We hope that whatever differences might have existed in your society that tended to disrupt its harmony have been or can be composed so that your society can go on in the spirit of fraternity cooperating with each other to your mutual good and to the good of organized medicine generally.

If for any reason you are not in a position to turn this charter over to your society, kindly return it to me.

With assurances of my very highest regards, I beg to remain, yours fraternally, J. P. Taylor, Counselor, Fifth District.

A news item appeared in the June issue of the State Journal:

A group of physicians residing in Rutherford County met recently and organized the Stones River Academy of Medicine. Meetings will be held on the second Wednesday of each month. The scientific program, which is now in preparation, will be preceded by a luncheon. The following were present and became charter members of the Academy: Doctors V. S. Campbell, B. N. White, J. C. Overall, J. R. Gott, W. T. Robison, J. C. Kelton, J. M. Shipp, A. J. Jamison, M. B. Murfree, J. F. Adams, S. W. Williams, J. A. Scott, and J. I. Waring. Election of officers resulted in the selection of Dr. J. C. Overall, president; Dr. J. M. Shipp, vice-president; and Dr. J. I. Waring, secretary-treasurer.⁸

⁸Journal Tennessee State Medical Association, V. 18 (1926), 52.

Then in the July issue of the state journal the following news item was printed:

The Rutherford County Medical Society was reorganized July 7 with a full membership composed of the following: J. F. Adams, M. D., Woodbury; A. N. Gordon, M. D., Fosterville; J. C. Kelton, M. D., Lascassas; M. B. McCrary, M. D., Woodbury; B. R. McKnight, M. D., Auburntown; B. L. Ousley, M. D., Christiana; S. B. Smith, M. D., Overall; E. B. Allen, M. D.; J. S. Allen, M. D.; V. S. Campbell, M. D.; A. J. Jamison, M. D.; M. B. Murfree, M. D.; J. C. Overall, M. D.; W. T. Robison, M. D.; J. A. Scott, M. D.; B. N. White, M. D.; S. L. Wiles, M. D.; J. R. Gott, M. D.; all of Murfreesboro.⁹

So it would seem that most of the doctors remained in both societies. The new organization was not affiliated with the state association but it met once each month, gave scientific programs and carried on all the regular business of the profession. In its by-laws barriers were set up to prevent the induction of undesirable members.

In the meantime the Rutherford County Medical Society was meeting only once a year to elect officers. On the ground that the county society was acting in conflict with the letter and spirit of the constitution and by-laws of the Tennessee Medical Association, a majority of the members asked the House of Delegates through the counselor having jurisdiction time after time to revoke the existing charter and grant one to the group known as the Stones River Academy of Medicine. Finally after the House of Delegates was convinced that the controversy with the local members of the profession could not be satisfactorily adjusted,

⁹Journal Tennessee State Medical Association, V. 18 (1926), 90.

it revoked the old charter and granted one on August 7, 1932 to the Rutherford County and Stones River Academy of Medicine.¹⁰

The Stones River Academy of Medicine changed its name to the Rutherford County and Stones River Academy of Medicine prior to the issuing of the new charter. With the issue of the new charter, the old Rutherford County Medical Society ceased to exist and the new society has been in continuous operation to the present time.

Dr. Harry S. Mustard, director of the child health demonstration and the county health officer during the years of the demonstration, was concerned over the lack of facilities for hospital care in the county.

In June, 1924, Mr. Barry C. Smith, director of the Commonwealth Fund's child health demonstrations arrived in Murfreesboro to survey the Rutherford County demonstration. During this visit Dr. Mustard suggested to Mr. Smith that a small hospital would be complimentary to the demonstration and further suggested that the Commonwealth Fund might provide for the cost of undertaking such a project. Not disinterested, Mr. Smith advised Dr. Mustard to further survey the situation and then put his proposal in writing. The following excerpt is from Dr. Mustard's letter, dated June 24, 1924.

Dr. Mustard to Mr. Smith

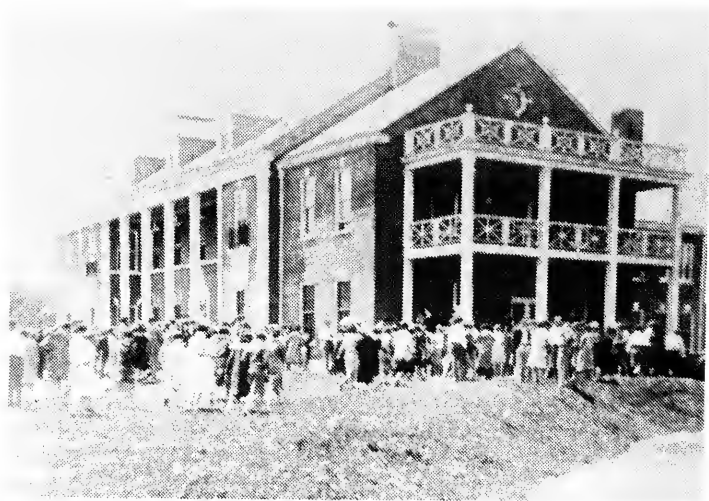
Since your visit to Murfreesboro, I have cautiously surveyed the situation and have come to the conclusion that there is a real need for a

¹⁰Carlton C. Sims, A History of Rutherford County (Murfreesboro, TN.: Reprinted by Rutherford County Historical Society, 1981).

modern hospital in Murfreesboro. I have felt that the matter must of necessity be approached with great caution, and with this in mind have not contemplated any move for a few months. However, the local clubs have commenced to agitate "hospital," their idea being to raise enough money by public subscription to convert some fairly commodious residence for hospital purposes. They have been moving rather fast, and under the circumstances I have felt that it would be wise to guide their efforts to some extent. Consequently, I have talked to Mr. Christy (Simeon B. Christy) and Mr. Todd (Andrew L. Todd), both of whom you know, and one of the solid practicing physicians (Dr. William T. Robison) and have told them as I see it, the hospital problem here should be tackled from the standpoint of maintenance, and have further told them in the strictest confidence that if it were so approached I should be glad to write to you on the possibility that the Commonwealth Fund might be interested in a hospital proposition in the south.¹¹

From this beginning Mr. Christy became very involved in correspondence to the Commonwealth Fund, and, in the summer of 1925 the Commonwealth Fund committed itself to the building and equipping of the hospital. The completed cost of construction was \$161,620 all of which was provided by the Commonwealth Fund. The formal opening of the hospital was held on May 2, 1927, and the first patient was admitted at 7:30 A. M. on the following morning. It was chartered as a general welfare private corporation with the name Rutherford Hospital, Incorporated. The physicians and surgeons of Murfreesboro and Rutherford County met at

¹¹James R. Arnhart, A History of the Development of Rutherford Hospital, unpublished manuscript.



Rutherford Hospital

Opening Day

May 2, 1927

the new Rutherford Hospital on April 15, 1927, to perfect a staff organization and to discuss the matters appertaining thereto. The organization elected staff officers: Dr. W. T. Robison, chief of staff; Dr. A. N. Gordon, assistant chief; Dr. J. A. Scott, staff secretary. A committee was named to draft rules and regulations to be submitted at a later meeting.¹²

Miss Mary F. Pettite, R. N., P.H.N., was appointed permanent superintendant in charge. She came to Murfreesboro from New York. The original board of directors chartered under the laws of Tennessee were T. R. Whitus, John E. Richardson, A. D. McKnight, Wiley H. Robinson, Mary E. Marshall, Andrew L. Todd, Howard Henderson, J. P. Gordon, S. B. Christy, Mrs. Jim Haynes, George M. Darrow, George Youree, John M. Butler, and S. F. Houston. The board of directors appointed an administrative board of five composed of the following: S. B. Christy, John M. Butler, S. F. Houston, A. L. Todd, and A. D. McKnight.

All physicians, to be considered eligible for appointment to the staff were required to qualify under the minimum standards of the American College of Surgeons and must be actively practicing in Rutherford

¹²News Banner, Murfreesboro, Tennessee, April 16, 1927.

County. Staff appointment was determined by the administrative board. The minimum standards were: (1) that physicians and surgeons privileged to practice in the hospital be organized as a definite group or staff; (2) that membership upon the staff be restricted to physicians and surgeons who are: (a) full graduates of medicine in good standing and legally licensed to practice in their respective states; (b) competent in their respective fields; and (c) worthy in character and in matters of professional ethics; (3) that the staff initiate, and, with the approval of the governing board of the hospital, adopt rules, regulations, and policies governing the professional work of the hospital; that these rules, regulations and policies specifically provide: (a) that staff meetings be held at least once a month; (b) that the staff review and analyze at regular intervals their experience in the various departments of the hospital; (4) that accurate and complete records be written for all patients and filed in an accessible manner in the hospital; (5) that diagnosis and therapeutic facilities under competent supervision be available for the study, diagnosis, and treatment of patients, these to include: (a) a clinical laboratory providing chemical, bacteriological, serological, and

pathological services; (b) an X-ray department providing radiographic and fluoroscopic services.¹³

The first baby born at Rutherford Hospital was Mary Alice Robison, the daughter of the head of the official staff of the new hospital, Dr. W. T. Robison and Mrs. Robison.¹⁴ The hospital received accreditation by the American College of Surgeons in 1929.¹⁵

The Stones River Academy of Medicine began meeting in the hospital in 1927, the hospital providing a room for their meetings; they had their monthly meetings in that facility for many years.

The people of Rutherford County owe a great debt to the Commonwealth Fund of New York. In addition to providing the public health department building and initiating the public health program through the child demonstration, it provided Rutherford County's first hospital, giving all of it to the county; in addition the Fund helped the general medical community in every way it could while it was actively involved in the medical affairs of Rutherford

¹³News Banner, Murfreesboro, Tennessee, May 2, 1927.

¹⁴News Banner, Murfreesboro, Tennessee, May 23, 1927.

¹⁵The Home Journal, Murfreesboro, Tennessee, April 29, 1930.

County. The Fund provided fellowships for many of our doctors to leave their practice and take post-graduate training. In 1929 they provided training to Dr. V. Sumpter Campbell, sending him to Harvard Medical College for four months post-graduate work. A dozen or more Rutherford County physicians and dentists received fellowships from the Commonwealth Fund, some of whom were Dr. Jamison, Dr. J. R. Gott, Dr. J. C. Kelton, Dr. J. C. Overall, Dr. J. A. Scott, Dr. J. M. Shipp of Smyrna, Dr. S. L. Wiles, Dr. B. N. White, Jr. These scholarships were from two to four months long, studying at some of the best medical centers in the east. Dr. Campbell's work was in internal medicine; Dr. Jamison's in urology; Dr. Scott's in eye, ear, nose, and throat; Dr. Kelton's in obstetrics; Dr. Overall's in radiology; Dr. Gott's in pediatrics; Dr. White's work was in eye, ear, nose, and throat. The fund paid all of the doctor's expenses while he was away from his practice.

Considering the enormous benefit this charitable organization gave to Rutherford County, it would be appropriate to know something of the history of the foundation.

The Commonwealth Fund was established in 1918 by Anna M. Harkness, widow of Stephen V. Harkness, who had been a partner in the founding of the Standard Oil Company. Their son, Edward S. Harkness, the first president of the fund, added substantially to its endowment. The Fund from the

beginning has had deep roots in a commitment to medicine and health care services as early as 1921. Its first activity in this area was supporting innovative approaches to improving the psychological and physical welfare of children. It established demonstration child guidance clinics in which psychiatrists, psychologists and social workers treated children with emotional and behavioral problems and worked to enlist the cooperation of parents, teachers, social workers, physicians and judges. In later years the Fund promoted child guidance work in communities throughout the country. It also financed fellowships in child psychiatry, child psychology, and psychiatric social work, and ran its own child guidance training institute from 1927-1933.

Between 1922 and 1929 the Fund set up and supported rural and small town demonstrations of infant and child health and health education services. Experience with these and the child guidance demonstrations indicated a need to prevent illness and disease by improving the social and physical environment. The Fund worked closely with state and county departments of health to strengthen their supervisory and technical services responsible for sanitation, maternal and child health, and health education in rural areas. It also provided post-graduate fellowships for physicians already established in these areas, and for medical students who agreed to settle there to practice medicine, as well as support for new academic courses in preventive medicine and public health.

Concerned about the lack of both health care facilities and personnel in rural America in 1926 the Fund began a program of matching grants for the construction of rural hospitals. These were to provide not only regular hospital services but also public health, nursing and professional training. In total fifteen hospitals were built. The program ended in 1946 with the passage of the Hill-Burton Act.

From its early years through the 1950s, the Fund made grants for medical research. Between 1937 and 1967 the Fund's program of advanced fellowships in the health field enabled professors and

Area Physicians During the 1930s

J. F. Adams (Woodbury)	R. C. Garrett (Eagleville)
Ralph Adams (Woodbury)	A. N. Gordon (Fosterville)
John A. Alexander (Murfreesboro)	J. R. Gott (Murfreesboro)
E. B. Allen (Murfreesboro)	J. D. Hall (Readyville)
J. S. Allen (Lascassas)	George C. Hardin (Murfreesboro)
J. B. Black (Murfreesboro)	F. C. Hargis (Wartrace)
T. J. Bratton (Woodbury)	*Richard L. Harris (Murfreesboro--VA)
L. A. Brothers (Fosterville)	H. H. Hudson (Murfreesboro)
V. S. Campbell (Murfreesboro)	A. J. Jamison (Murfreesboro)
Lennora S. Carter (Murfreesboro)	J. E. Jones (Murfreesboro)
John Cason (Murfreesboro)	J. C. Kelton (Lascassas)
M. L. Connell (Wartrace)	Lois Kennedy (Murfreesboro)
W. J. M. Covington (College Grove)	Harry Lee (Walter Hill)
N. H. Culbertson (Chapel Hill)	J. S. Lowry (Smyrna)
E. A. Davis (Murfreesboro)	Eva Lin Malone (Murfreesboro)
William N. Dawson (Murfreesboro)	J. B. McClellan (Murfreesboro)
William M. Dedman (Murfreesboro)	M. B. McCrary (Woodbury)
C. W. Dickey (Nolensville)	H. L. McGee (Milton)
V. K. Earthman (Murfreesboro)	B. R. McKnight (Auburntown)
W. C. Eggleston (Chapel Hill)	A. S. Moffett
Sam E. Estes (Walter Hill)	W. P. Moore (College Grove)
J. K. Freeman (Bell Buckle)	Donald P. Morris (Murfreesboro)
W. H. Garner (Murfreesboro)	M. B. Murfree, Sr. (Murfreesboro)
	B. L. Ousley (Christiana)

Area Physicians During the 1930s (continued)

J. C. Overall (Murfreesboro)	W. K. Tilley (Murfreesboro)
B. W. Rawlins (Murfreesboro)	J. R. Tyner (Murfreesboro)
W. T. Robison. (Murfreesboro)	R. C. Van Hook, Jr. (Auburntown)
W. V. Sanford (Murfreesboro)	R. C. Van Hook, Sr. (Norene)
J. A. Scott (Murfreesboro)	B. N. White, Jr. (Murfreesboro)
J. M. Shipp (Smyrna)	W. L. Whitehurst (Murfreesboro)
S. B. Smith (Overall)	S. L. Wiles (Halls Hill)
J. W. Sneed (Antioch)	E. L. Williams (Eagleville)
J. W. Summers (Walter Hill)	Dexter Woods (Murfreesboro)
J. P. Taylor (Wartrace)	T. H. Woods (Bell Buckle)

*Only those Veterans Administration Hospital physicians who affiliated with the Rutherford County Stones River Academy of Medicine are listed.

and researchers, both American and foreign, to improve their qualifications, engage in research and writing and work with institutions in the United States and abroad. Between 1954 and 1961 the Fund also made special grants to help nurses qualify for the masters or doctors degree.

Since World War II Considerable fund support has gone for the education of physicians and other health personnel. Grants to medical schools allowed them to reexamine and reorganize premedical and medical education, integrate behavioral and social science courses in the medical school curriculum and educate more students from minority groups.

Just as it had turned its attention to inequities between urban and rural health care in earlier decades, in the early 1970s the Fund began to address the fact that not all Americans had equal access to the great technological advances made in medicine. It supported programs in university medical centers to improve systems for providing health care for the poor. It also worked with community based organizations and agencies to expand health care in needy areas and in a few instances, with medical schools, to establish health maintenance organizations (HMO's). Research supported by the fund during this period helped identify child abuse as a problem involving the whole family and promoted a medical approach toward solving it.

In the 1970s the Fund financed programs encouraging medical schools and arts and science facilities at major universities to collaborate in revising and linking more closely the premedical and preclinical phases of the physician's education. These programs have explored the role of the humanities in social and behavioral sciences in the education of physicians. They have also examined how the entire natural and basic medical sciences faculties of the university could be used most effectively in teaching future physicians at both the college and professional school levels. The final awards for these programs were made in 1981.¹⁶

¹⁶The Commonwealth Fund (New York, N. Y.: Harkness House, 1981), pp. 13-14.

Area Physicians During the 1940s

C. E. Adams (Woodbury)	Gilbert Gordon (Murfreesboro)
J. F. Adams (Woodbury)	J. R. Gott (Murfreesboro)
J. L. Ames (Auburntown)	*Richard L. Harris (Murfreesboro--VA)
W. E. Anison (Woodbury)	G. A. Hatcher (College Grove)
W. S. Barham (Murfreesboro)	R. D. Hollowell (Murfreesboro)
Wendell Bennett (Woodbury)	M. D. Ingram, Jr. (Woodbury)
*William M. Bevis (Murfreesboro--VA)	A. J. Jamison (Murfreesboro)
J. B. Black (Murfreesboro)	J. K. Kaufman (Murfreesboro)
T. J. Bratton (Woodbury)	J. C. Kelton (Lascassas)
J. T. Boykin (Murfreesboro)	Lois Kennedy (Murfreesboro)
V. S. Campbell (Murfreesboro)	E. S. Leek (Bell Buckle)
Harvey W. Carter (Murfreesboro)	J. S. Lowry (Smyrna)
John F. Cason (Murfreesboro)	Dr. McCarthy (Murfreesboro)
M. L. Connell (Wartrace)	M. B. McCrary (Woodbury)
A. L. Cooper (Chapel Hill)	S. K. Molnar (Murfreesboro)
B. S. Davison (Murfreesboro)	*George B. Moore (Murfreesboro--VA)
C. W. Dickey (Nolensville)	M. B. Murfree, Jr. (Murfreesboro)
Price H. Duff (Murfreesboro)	M. B. Murfree, Sr. (Murfreesboro)
V. K. Earthman (Murfreesboro)	Walter Norem (Murfreesboro)
Sam E. Estes (Walter Hill)	E. P. Odom (Murfreesboro)
J. K. Freeman (Bell Buckle)	J. C. Overall (Murfreesboro)
George Goodall (Smyrna)	B. W. Rawlins (Murfreesboro)

Area Physicians During the 1940s (continued)

W. T. Robison (Murfreesboro)	J. W. Summers (Walter Hill)
W. V. Sanford (Murfreesboro)	J. H. Tilley (Murfreesboro)
J. A. Scott (Murfreesboro)	R. C. Van Hook, Jr. (Auburntown)
J. M. Shipp (Smyrna)	R. C. Van Hook, Sr. (Norene)
S. B. Smith (Overall)	B. N. White III (Murfreesboro)
John W. Sneed (Antioch)	S. L. Wiles (Murfreesboro)
R. E. Strain (Murfreesboro)	Wanda Willig (Murfreesboro)

*Only those Veterans Administration Hospital physicians who affiliated with the Rutherford County Stones River Academy of Medicine are listed.

Another educational innovation sponsored by the Commonwealth Fund was an annual medical institute held at Rutherford Hospital. The Commonwealth Fund would hold this institute for two or three days, inviting the surrounding area doctors to come in for a post-graduate program. The Commonwealth Fund would have invited outstanding physicians from major medical centers in the country to conduct the program. This provided needed post-graduate education to the physicians in our county and surrounding counties.

The Cannon County physicians have always been an integral part of the activities of our local medical society except for a very short time early in this century when they tried to establish their own Cannon County Medical Society, but it only lasted about two or three years and was not a viable organization. There has been great professional interchange between the physicians of Rutherford County and Cannon County. Dr. J. F. Adams, an outstanding physician in Cannon County and a member of the Rutherford County and Stones River Academy of Medicine, built the Good Samaritan Hospital in Woodbury which opened for patients in 1934. Initially it had twenty-five beds and six bassinets.

Dr. Adams had been operating the well known Adam's Hospital in Woodbury since 1924. In that hospital he

performed more than a thousand major operations, winning a wide reputation as a successful surgeon. In the new hospital, Dr. Adams had associated with him his son, Dr. Ralph Adams. Miss Mary Riley Cook, who was connected with the Adams Hospital for ten years, was the head nurse.¹⁷

It was learned in 1935 that the Veteran's Administration planned to build a neuro-psychiatric hospital in the Middle Tennessee area. Murfreesboro worked hard to be selected as the site for this hospital. Headlines in the Daily News Journal, Thursday, November 19, 1936, were "Veteran's N-P Hospital To Be Located Here." President Roosevelt had given approval to the plan placing the structure in this city.¹⁸ The hospital was to be a very large institution, initially with over 600 beds which would employ a great number of people in Rutherford County. The hospital buildings were completed in 1939 and the first patients arrived in February, 1940.¹⁹ At the time the hospital opened for patients, there were 249 employees.²⁰

¹⁷Daily News Journal, Murfreesboro Tennessee, October 8, 1934.

¹⁸Daily News Journal, Murfreesboro, Tennessee, November 19, 1936.

¹⁹Daily News Journal, Murfreesboro, Tennessee, February 7, 1940.

²⁰Daily News Journal, Murfreesboro, Tennessee, February 8, 1940.

This was an immense boost to the economy of Rutherford County. Also the Veteran's Regional Bureau was moved to the hospital January 3, 1940.²¹ The hospital brought personnel from other areas which enriched the professional, social, and cultural life of the city. Three of the local doctors aided the facility by part-time service in the hospital: Doctors Overall, W. T. Robison, J. A. Scott.²² By March 1940 the hospital had 389 patients.²³ The annual payroll was a half million dollars annually.²⁴

Not long after the excitement of opening the Veteran's Hospital came the depressing news of Pearl Harbor and we were once again plunged into war. Selective service systems were set up across the land with local physicians usually heading them. Dr. M. B. Murfree, Sr. served as examining physician for the local selective service board.²⁵ He handled the job impartially and effectively. None

²¹Daily News Journal, Murfreesboro, Tennessee, January 2, 1940.

²²Daily News Journal, Murfreesboro, Tennessee, February 4, 1940.

²³Daily News Journal, Murfreesboro, Tennessee, March 21, 1940.

²⁴Daily News Journal, Murfreesboro, Tennessee, March 28, 1940.

²⁵Daily News Journal, Murfreesboro, Tennessee, August 29, 1941.

of the doctors who were currently practicing in the county were taken into the service but the younger physicians who were in training and who would locate here after the war were medical officers in World War II. Included in this group were Doctors James T. Boykin, B. S. Davison, Gilbert Gordon, J. K. Kaufman, Matt B. Murfree, Jr., E. P. Odom, W. W. Shacklett, and B. N. White III. Major James Boykin was awarded the Bronze Star in France for meritorious service in connection with military operations against the enemy during the period of October 1 to December 31, 1944. The text of the official award reads as follows:

The Bronze Star is awarded to James T. Boykin, Major, Headquarters Special Troops who distinguished himself by meritorious service in connection with military operations against the enemy during the period 1 October 1944 to 31 December 1944 in the European Theatre of Operations. Throughout this period Major Boykin performed his duties as Special Troops Medical Officer in an exceptionally meritorious manner. With complete disregard for personal safety, he repeatedly worked under enemy fire to administer medical treatment to wounded personnel. His expert judgment in treating minor ailments eliminated the necessity of evacuating many men to the clearing station. Major Boykin's technical skill, aggressive initiative and devotion to duty have been at all times a credit to himself and to the armed forces of the United States.

By Command of General Craig²⁶

²⁶Daily News Journal, Murfreesboro, Tennessee
May 2, 1945.

Dr. M. B. Murfree, Jr. was inducted into the army in 1943. He was overseas for two years. He was in the Battle of the Bulge, Battle of the Ardennes, the Crossing of the Rhine and received three meritorious awards.²⁷

Dr. Eugene Odom's unit, the 321st Medical Battalion with the 96th Infantry Division, received a Gold Star for its excellent work during the Okinawa campaign. Captain Odom served as a medical officer with the 321st Medical Battalion during both the Leyte and Okinawa campaigns.²⁸

Dr. Shacklett served sixteen months in the U. S. Navy. He was chief medical officer on an LST while in the service.²⁹

Dr. White served in the Middle East at Cairo, Egypt, in Palestine, in Eritrea and was for two years in Persia. During that period he served with the 113th General and the 21st Station Hospital. He was later transferred to the Mediterranean Theatre of operations and served in Italy with the 64th and the 24th General Hospitals. He returned to the United States in October, 1945.³⁰

²⁷Interview with the late Dr. M. B. Murfree, Jr., 1983.

²⁸Daily News Journal, Murfreesboro, Tennessee, November 11, 1945.

²⁹Daily News Journal, Murfreesboro, Tennessee, April 5, 1950.

³⁰Daily News Journal, Murfreesboro, Tennessee, February 7, 1946.

Dr. B. S. Davison served 5 years in the U. S. Army as a physician during World War II, $2\frac{1}{2}$ years of which were served in the Pacific Theater. He was on Guadalcanal and Bougainville..

Dr. Gordon served over two years in Trinidad, British West Indies.

Sewart Air Force Base was built in 1942. To serve its personnel, the Air Force established hospital facilities on the base. The physicians serving the hospital were all Air Force officers. Only one, Dr. Richard Fenno, was ever a part of the local medical society.

After the war there was an influx of new doctors into the county and city--three of whom already had family medical ties in the community. Dr. B. N. White III was a third generation physician, Dr. Matt B. Murfree, Jr. was a third generation physician, and Dr. Gilbert Gordon was a second generation physician. The post-war era brought a population expansion of large magnitude throughout the country. Rutherford County shared this growth.

The ever increasing hospital patient load as a result of increases in the population created a crisis for Rutherford Hospital. Plans for an addition to the hospital were formulated. The new construction doubled the capacity of the hospital with the addition of 33 beds, 20 bassinets,

Area Physicians During the 1950s

Carl Adams (Murfreesboro)	George Goodall (Smyrna)
J. F. Adams (Woodbury)	Gilbert Gordon (Murfreesboro)
W. S. Barham (Murfreesboro)	H. E. Handley (Murfreesboro)
Bebe A. Bass (Wartrace)	George Hatcher (College Grove)
Joseph D. Berkley (Murfreesboro)	S. H. Hay (Murfreesboro)
*William M. Bevis Murfreesboro--VA)	R. D. Hollowell (Murfreesboro)
J. B. Black (Murfreesboro)	A. J. Jamison (Murfreesboro)
J. T. Boykin (Murfreesboro)	Ralph Jones (Eagleville)
Arthur L. Brooks (Murfreesboro)	J. K. Kaufman (Murfreesboro)
W. A. Bryant (Woodbury)	Lois Kennedy (Murfreesboro)
John E. Carlton (Murfreesboro)	Alexander M. McLarty (Woodbury)
J. F. Cason (Murfreesboro)	James Lee Moore (Smyrna)
Edwin W. Cocke (Murfreesboro--VA)	M. B. Murfree, Jr. (Murfreesboro)
Amos L. Coffee (Woodbury)	Russell E. Myers (Woodbury)
M. L. Connell (Wartrace)	Eugene Odom (Murfreesboro)
B. L. Davison (Murfreesboro)	James Payne (Murfreesboro)
Wm. W. Douglas (Smyrna)	B. W. Rawlins (Murfreesboro)
J. H. Dyer (Wartrace)	Charles H. Robinson (Eagleville)
Paul Estes (Murfreesboro)	Charles K. Roth Murfreesboro)
J. K. Freeman (Bell Buckle)	C. B. Roundtree, Jr. (Eagleville)
R. James Garrison (Murfreesboro)	J. A. Scott (Murfreesboro)
S. C. Garrison (Murfreesboro)	W. W. Shacklett (Murfreesboro)

Area Physicians During the 1950s (continued)

J. M. Shipp (Smyrna)	Dr. Waldren (Eagleville)
James H. Smith (Murfreesboro)	J. G. Waldrop (Eagleville)
John W. Sneed (Antioch)	B. N. White III (Murfreesboro)
W. R. C. Stewart, Jr (Eagleville)	S. L. Wiles (Murfreesboro)
J. W. Tenpenny (Murfreesboro)	Robert Wooldridge (Smyrna)

*Only those Veterans Administration Hospital physicians who affiliated with the Rutherford County Stones River Academy of Medicine are listed.

new nursery with quarters for premature and isolation cases, new heating plant, a laundry, new waiting and emergency room, larger and improved kitchen, new pediatric ward, and other improvements. The new wing was completed in 1952. The hospital's needs continued to grow and in 1953, another addition was planned.

The doctors returning from World War II brought new and innovative methods to the practice of medicine in Rutherford County. They instituted changes in the hospital as well as in private practice. Many are unaware of

. . . the radical change in the management of patients that occurred after World War II. Prior to the war, prolonged bed rest had been a very important feature of therapy. Patients undergoing the common types of surgical operations were kept at complete bed rest for long periods: appendectomy, 10 days; hernia repair, 14 days; gall bladder surgery, 14 to 18 days; hysterectomy, 14 to 18 days. The long stay in bed necessitated a long period of hospitalization: about two weeks for appendectomies and three to four weeks for cholecystectomies (removal of gall bladder) and hysterectomies. After returning home the patient had to devote another three to six weeks getting into shape before resuming his usual activities. The routine of the obstetrician was similar to that of the surgeon. After delivery the mother remained at strict bed rest for two to three weeks and in the hospital for three to four weeks; after returning home activities were very slowly resumed over a period of six to eight weeks. Bed rest also was prescribed generously for medical patients after febrile illnesses and for those with tuberculosis, myocardial infarction, and many other conditions.³¹

³¹James Bordley, III. M. D., and A. McGehee Harvey, M. D., Two Centuries of American Medicine 1776-1976 (Philadelphia, Pa.: W. B. Saunders Company, 1976), p. 756.

On June 15, 1944 at the annual session of the American Medical Association, the section on experimental medicine and therapeutics held a symposium on "the abuse of rest in the treatment of disease." The papers presented in this symposium were published in the Journal of the American Medical Association and attracted much attention. The studies indicated that early ambulation provided better or at least equal results to prolonged bed rest. Early controlled ambulation seemed to offer many advantages without imposing any disadvantages. The difficult problem was to convince patients that early ambulation was to their advantage. All of their lives they had been conditioned to the traditional doctrine that prolonged bed rest is necessary after surgery and they were hesitant about accepting any other point of view. Obstetrical patients exhibited an even stronger resistance to change. The change in attitude resulted in shorter hospital stays and therefore an increase in the availability of hospital beds for the sick to say nothing of the savings in the cost of medical care.³²

With the advent of the newer techniques in medical care, the day of the country practitioner faded and

³²Bordley and Harvey, pp. 759-761.

disappeared. The last country doctor in Rutherford County was Doctor Sidney B. Smith, for many years the county health doctor; he maintained an active country practice in and about Salem and Overall. He died in 1953. From the early thirties as each of the older physicians in the smaller country communities died, they were not replaced, and the gradual concentration of medical practice to the centers where hospitals were located was much in evidence. It became apparent that only in hospitals can one receive the full benefit of the massive technical facilities that are required for the application of the advances in medical science and technology. In the first three decades of the twentieth century, most of the babies were still being born at home in Rutherford County, but today almost all births take place in our hospital.

Dr. Carl Adams had been trained in general and chest surgery, practiced for a few years with his father in Woodbury, then came to Murfreesboro in 1949 and opened an office initially in the Rawlings building. He practiced a few months there until he moved into a building at 105 North Spring Street. Dr. S. C. Garrison joined him later in 1949 and together they brought the theory of group practice into Rutherford County. Group practice was becoming popularized in other sections of the country. Owing to the great

progress that had been made in the prevention and treatment of disease during the past century, they felt that no single practitioner, and, in fact, no small group of practitioners could absorb all the information and master all of the techniques required to provide the best type of medical care that modern methods could afford. This was perhaps the most important reason for the growing popularity of group practice in which a number of physicians, surgeons and other personnel could work together for the prevention and treatment of disease. Doctors Adams and Garrison called their enterprise "The Murfreesboro Medical Clinic." In the ensuing years there was a regular procession of physicians who joined their practice. Dr. S. C. Garrison is an internist. They were joined by Dr. James Garrison, a pediatrician in 1957. They built a new building at 420 North University across the street from the hospital and moved into that building in November, 1957. In the ensuing years the specialty of obstetrics and gynecology was added and the departments of pediatrics, internal medicine and surgery expanded. X-ray facilities and laboratory facilities were added. The clinic continued to grow and they moved to a newly constructed building on North Highland in 1976. The organization now has eighteen physicians including the specialties of internal medicine,

Area Physicians During the 1960s

Carl Adams (Murfreesboro)	George Goodall (Smyrna)
William T. Anderson (Smyrna)	R. E. Green (Murfreesboro)
Joseph C. Bailey (Murfreesboro)	Stanley Greenberg (Smyrna)
W. S. Barham (Murfreesboro)	Robert H. Hackman (Smyrna--Murfreesboro)
J. B. Black (Murfreesboro)	James E. Hampton (Murfreesboro)
Chester J. Boulris (Smyrna)	A. E. Harvey (Murfreesboro)
J. T. Boykin (Murfreesboro)	Sam Hay (Murfreesboro)
John M. Bryan (Murfreesboro)	J. C. Hibbett (Smyrna)
W. A. Bryant (Woodbury)	R. D. Hollowell (Murfreesboro)
J. F. Cason (Murfreesboro)	Kenneth D. Hunt (Murfreesboro)
William E. Coopwood (Murfreesboro)	J. Capers Jones (Murfreesboro)
J. C. Corban (Smyrna)	J. K. Kaufman (Murfreesboro)
John T. Cunningham (Murfreesboro)	Lois Kennedy (Murfreesboro)
B. S. Davison (Murfreesboro)	Joseph E. J. King (Murfreesboro)
Marvin E. Deck (Murfreesboro)	Joseph C. Knight (Murfreesboro)
David T. Dodd (Murfreesboro)	Robert T. Knight (Murfreesboro)
Paul Estes (Murfreesboro)	Donald L. Le Quire (Murfreesboro)
*Richard Fenno (Sewart AFB)	Charles W. Lewis (Murfreesboro)
Francis M. Fesmire (Murfreesboro)	Fred R. Lovelace (Murfreesboro)
R. J. Garrison (Murfreesboro)	**John T. Mason (Murfreesboro--VA)
S. C. Garrison (Murfreesboro)	R. W. McMullen (Woodbury)
Gilbert Gordon (Murfreesboro)	Ralph Moore (Woodbury)

Area Physicians During the 1960s (continued)

M. B. Murfree, Jr. (Murfreesboro)	William M. Savage (Murfreesboro)
Russell E. Myers (Woodbury)	William Shacklett (Murfreesboro)
E. P. Odom (Murfreesboro)	Charles Smith (Murfreesboro)
Sam H. Patterson (Murfreesboro)	Theodore G. Smith (Murfreesboro)
James Payne (Murfreesboro)	W. Radford Smith (Murfreesboro)
Socrates Pinto (Smyrna)	J. W. Tenpenny (Murfreesboro)
Robert G. Ransom (Murfreesboro)	E. C. Tolbert (Murfreesboro)
B. W. Rawlins (Murfreesboro)	Raymond E. Turek (Smyrna)
Creighton Rhea (Murfreesboro)	Leonard Victor (Murfreesboro)
C. B. Roundtree, Jr. (Eagleville)	Olin Williams, Jr. (Murfreesboro)
Robert S. Sanders (Murfreesboro)	J. Howard Young (Murfreesboro)
W. B. Sanders (Smyrna)	

*Only those Sewart Air Force Base Hospital physicians who affiliated with the Rutherford County Stones River Academy of Medicine are listed.

**Only those Veterans Administration Hospital physicians who affiliated with the Rutherford County Stones River Academy of Medicine are listed.

pediatrics, ophthalmology, surgery, gastro-enterology, obstetrics and gynecology, and urology. The clinic has been and is a viable force in Rutherford County for the practice of modern medicine both in the practitioner's office and in the hospital.

The independent practitioners flourished, too. In addition to the family practitioners, there were surgeons, radiologists, pathologists, ophthalmologists, specialists in ear, nose and throat, psychiatrists, anesthesiologists, urologists, pediatricians, all adding to quality medicine in Murfreesboro.

After World War II medical innovations rapidly increased. The Rutherford County and Stones River Academy of Medicine approved the Red Cross donor program in 1948 and the local hospital has been fully participant in the blood program of the Red Cross since that date. The Academy approved the Blue Cross and Blue Shield plans in November 1951. In 1953 the Academy approved fluoridation of the city water supply. At its meeting of September, 1962, the Academy voted unanimously to sponsor, direct, and support an immunization program against polio using the Sabin oral vaccine. In the fall of 1963 the mass immunization for polio was held. Over 22,000 people were given vaccine in Rutherford County and over 4,000 people in Cannon County. Many organizations assisted in making

this such a successful mass immunization program, among which were: Association of Pharmacists, Nursing Association, Murfreesboro Secretarial Association, Lion's Club, Murfreesboro Kiwanis Club, Stones River Kiwanis Club, Exchange Club, J. C's, Bradley P. T. A., Eagleville P. T. A., Smyrna P. T. A. and the Rutherford Hospital Auxiliary.

The South also experienced a new "industrial revolution" after World War II. The southern states were rapidly industrialized. Rutherford County witnessed the development of many industries within its borders which brought new jobs to the county and an immigration of people from other areas of the country. As the population grew the demands for medical service also grew. The hospital has had several additions over the past few years, growing to meet the demand for medical care. Many new physicians have entered practice in the county and have brought more specialization to the area. By 1980 there were sixty-one physicians practicing in the area who were members of the Rutherford County Stones River Academy of Medicine. The hospital was a modern plant with modern facilities and many of the latest medical capabilities. Many new medical buildings had been built in Murfreesboro by the local physicians for the purpose of modern private practice. Most of these buildings were located in the general area

of the hospital. In 1980 Murfreesboro and Rutherford County found themselves with a medical delivery system which in proportion to population was second to none in the state.

Area Physicians During the 1970s

J. P. Abernathy (Murfreeseboro)	David T. Dodd (Murfreeseboro)
Carl E. Adams (Murfreeseboro)	Paul C. Estes (Murfreeseboro)
Harold T. Akin (Murfreeseboro)	Francis M. Fesmire (Murfreeseboro)
John H. Alexander (Murfreeseboro)	Pedro Galvez (Smyrna)
*James T. Allen (Murfreeseboro--VA)	James W. Garner, Jr. (Murfreeseboro)
W. S. Barham (Murfreeseboro)	R. J. Garrison (Murfreeseboro)
Joseph C. Bailey (Murfreeseboro)	S. C. Garrison, Jr. (Murfreeseboro)
Richard B. Bell (Murfreeseboro)	Sidney L. Gilbert (Murfreeseboro)
Dominador C. Blanco, Jr. (Smyrna)	M. E. Glasscock (Murfreeseboro)
Floyd P. Bond (Murfreeseboro)	George Goodall (Smyrna)
J. T. Boykin (Murfreeseboro)	Charles E. Goodman, Jr. (Murfreeseboro)
James T. Box (Murfreeseboro)	T. Gilbert Gordon, Sr. (Murfreeseboro)
Gary B. Bryant (Woodbury)	R. E. Green (Murfreeseboro)
Rodney C. Bryant (Woodbury)	Robert H. Hackman (Murfreeseboro)
W. A. Bryant (Woodbury)	A. E. Harvey (Murfreeseboro)
Henry K. Butler, Jr. (Murfreeseboro)	Sam H. Hay (Murfreeseboro)
Jerry N. Campbell (Murfreeseboro)	Charles A. Heffington, Jr. (Murfreeseboro)
S. Frank Carter III (Murfreeseboro)	George S. Hester (Murfreeseboro)
J. C. Corban (Smyrna)	Joseph C. Hibbett, Jr. (Smyrna)
John T. Cunningham (Murfreeseboro)	R. D. Hollowell (Murfreeseboro)
B. S. Davison (Murfreeseboro)	David L. Hudson (Murfreeseboro)
Marvin E. Deck (Smyrna)	Kenneth D. Hunt (Murfreeseboro)
John H. Dixon (Murfreeseboro)	*Norton H. Hutchison (Murfreeseboro--VA)

Area Physicians During the 1970s (continued)

Oscar T. Johns (Murfreesboro)	Stephen G. Odom (Murfreesboro)
J. Capers Jones (Murfreesboro)	Karlanders Otterland (Smyrna)
J. K. Kaufman (Murfreesboro)	Socrates Pinto (Smyrna)
Douglas W. Kendall (Murfreesboro)	Jerry E. Puckett (Murfreesboro)
Robert L. Kendall (Murfreesboro)	Robert G. Ransom (Murfreesboro)
Lois Kennedy (Murfreesboro)	L. L. Reuhland (Woodbury)
Joseph C. Knight (Murfreesboro)	Creighton Rhea (Murfreesboro)
Robert T. Knight (Murfreesboro)	Robert S. Sanders (Murfreesboro)
Seung Hoo Lee (Murfreesboro)	*Charles W. Sensenbach (Murfreesboro--VA)
Charles W. Lewis (Murfreesboro)	William W. Shacklett (Murfreesboro)
Fred R. Lovelace (Murfreesboro)	Ben A. Shelton (Murfreesboro)
Kenneth D. Macknet (Murfreesboro)	Charles D. Smith (Murfreesboro)
M. B. Murfree, Jr. (Murfreesboro)	George W. Smith (Murfreesboro)
Frederick J. Myers	H. Millard Smith (Woodbury)
R. E. Myers (Woodbury)	W. R. Smith (Murfreesboro)
James A. Nunnery (Murfreesboro)	James A. Starrett (Murfreesboro)
E. P. Odom (Murfreesboro)	

Area Physicians During the 1970s (continued)

J. W. Tenpenny (Murfreesboro)	Leonard Victor (Murfreesboro)
E. C. Tolbert (Murfreesboro)	Barton W. Warner (Murfreesboro)
Robert P. Tuma (Murfreesboro)	Olin Williams (Murfreesboro)
Raymond E. Turek (Smyrna)	Terry James Witt (Murfreesboro)
Tom A. Turner (Murfreesboro)	Herbert R. Wolf (Woodbury)
B. P. Turpin, Jr. (Murfreesboro)	J. Howard Young (Murfreesboro)
J. Van Blaricum (Woodbury)	

*Only those Veterans Administration Hospital physicians who affiliated with the Rutherford County Stones River Academy of Medicine are listed.

CHAPTER VII

THE BLACK PROFESSIONAL PRESENCE IN RUTHERFORD COUNTY

The history of the black in the South is not a pretty story. He has been subjected to social, political, and legal oppressions with all the attending injustices and indignities. The strict caste system which prevailed in the South resulted in inferior educational opportunities, inferior housing, poor health care, and few jobs beyond those of a menial nature. In 1875 the General Assembly of Tennessee gave operators of hotels and eating places sanction to refuse service to anyone. Six years later it enacted the first "Jim Crow" law, requiring railroads to provide separate cars for black passengers. The poll tax, closed primaries, and other suffrage restrictions, discouraged thousands of black Tennesseans from voting. As their political influence declined blacks had no means for resisting further deterioration in their social and economic status.

Such social ostracism prevailed that the white man looked at the color of the skin before evaluating a man's abilities. As the black physicians graduated, entered practice, emerged among the leaders in southern black communities during the late nineteenth and early twentieth centuries, their individual achievements were often

considerable; however, like black Americans generally they faced the severest oppression since slavery. He was denied staff privileges at hospitals, denied admission to the local, state, and national medical societies, denied service at restaurants, hotels, and motels, was segregated in transportation facilities; the list goes on and on.

As in the large society, racial separation was the rule in health care. Black people were excluded from public hospitals, admitted only to separate inferior wards or served through dispensaries. The most terrible effect of this racial caste system in medicine was seen in the differential morbidity and mortality between whites and blacks. The death rate for blacks in some communities was 50 percent greater than that for whites and for children under five years, the difference was as much as 90 percent greater in some communities.

Rutherford County and its medical community supported the segregation system. Black physicians were specifically denied admission to the Rutherford County Medical Society by the by-laws of that organization which limited admission to the white race. The latter phrase was eliminated in the by-laws of the Stones River Academy of Medicine in 1927. The board of censors of the society, nonetheless, could and did limit admission to the white physician.

Rutherford Hospital did not allow black physicians on its staff. The black physician was required to refer his patients to a white physician for treatment in the hospital. Such patients were segregated from the whites, and placed usually in a large ward with other black patients.

Yet, the black physicians who have practiced here were mostly well-trained physicians who certainly deserved the professional respect of the medical community. Virtually all the black physicians were graduates of Meharry Medical College in Nashville. Meharry has always enjoyed a fine reputation. The Meharry Medical College was organized in 1876 as the medical department of Central Tennessee College. A dental building was added in 1886 and a pharmaceutical building in 1889.

During the first years of the operation of the medical school applicants for admission were required "to be 18 years of age and to pass written examinations in the common English branches." The scholastic year was five months in length and the course of study was arranged to be completed in two years. An additional term was added to the course in 1882, but provision was made that the first year of the three now required might be spent under the supervision of some practicing physician and the other two spent in the medical college. At this time the student was first required to have some knowledge of Latin and the natural sciences.

The medical course at the beginning of the nineties was arranged to cover three sessions of twenty weeks each and students were to enjoy the clinical privileges of the city hospital on the

same terms as the students of other medical schools in Nashville. Applicants for admission were required to be at least 18 years of age, of good moral character and they must pass examinations in arithmetic, geography, grammar, reading, writing, spelling and elementary physics. Candidates for graduation were required to be 21 years of age, must have attended three courses of lectures of not less than twenty weeks each in a regular medical college, the last of which must have been at Meharry, must have passed satisfactorily examinations in all branches laid down in the course, including outlines of Bible history and doctrine and must have presented an acceptable original thesis on some medical subject. By 1892 the student body had increased until it exceeded 100 and the faculty had been sufficiently augmented to meet the increased demands. At this time the fourth year was added to the course of study and requirements became generally more stringent. In 1902 two years of high school work were required for admittance into the medical school and three years later, a full four year course became a prerequisite. Ten years later in 1915, a pre-medical course in a college of acceptable rating was first required for entrance and at that time the length of the school term was extended to eight months. Since then the college has been recognized and is now recognized as a class A college. It has been coeducational from the beginning.¹

Abraham Flexner's survey of medical colleges published in 1910 recommended Meharry as one of the three medical schools in the state of Tennessee which was worth saving.

Like their white colleagues black practitioners sought the fraternity, fellowship, and recognition that medical society membership offered. As diseases ravaged

¹Philip M. Hamer, The Centennial History of the Tennessee State Medical Association 1830-1930 (Nashville, Tennessee: Tennessee State Medical Association, 1930), pp. 401-402.

black communities, black physicians especially needed the exchange of scientific information available at society gatherings and in society journals. Black doctors believed that through organization they could raise public confidence in their abilities. Creation of institutions managed by and serving black people exclusively was part of the resistance by black practitioners to segregation. They built and then directed their own medical schools, hospitals, and professional organizations, often with the support of white benefactors and friends. One of these undertakings, of course, was the Meharry Medical College.²

In 1880 three years after he became Meharry's first graduate, Dr. James Monroe Jamison and others among the eighteen black physicians practicing in the state, founded the Tennessee Colored Medical Association. The first black medical journal in the United States was published at Jackson from 1892 to 1894. The black physician sustained the hope of an alternative for them to the American Medical Association since its doors was closed to their admission. At the Cotton States Exposition in Atlanta in 1895 this was accomplished. It was originally called

²James Summerville, "Formation of a Black Medical Profession in Tennessee, 1880-1920," Journal of the Tennessee Medical Association, V. 76 (1983), 644.

the American Medical Association of Colored Physicians, Surgeons, Dentists and Pharmacists, and subsequently became the National Medical Association. Many of the officers of the NMA including its first president, Dr. Robert Fulton Boyd of Nashville, were Meharry alumni.

Like the AMA the NMA encouraged the spread of local and state societies. On August 20, 1903, thirty-four physicians, dentists, and pharmacists convened in Nashville and founded the Negro Medical Congress of Tennessee. Its purposes described in the constitution were to "discuss, advise and adopt the best means to disseminate hygienic measures for our people and for mutual help for our fellow laborers." By 1915 this state association of black practitioners was known by its permanent name, The Volunteer State Medical Association. This organization remains in existence to this day as does the National Medical Association.³

Medical societies offered black physicians from rural Tennessee the only opportunity to obtain continuing post-graduate training. By 1920 daily clinics were a part of every annual meeting of the state society.⁴

³Summerville, p. 645.

⁴Summerville, p. 646.

The Volunteer State Medical Association met in Murfreesboro for its annual meeting sometime in the early thirties. The following news item appeared in the Daily News Journal..

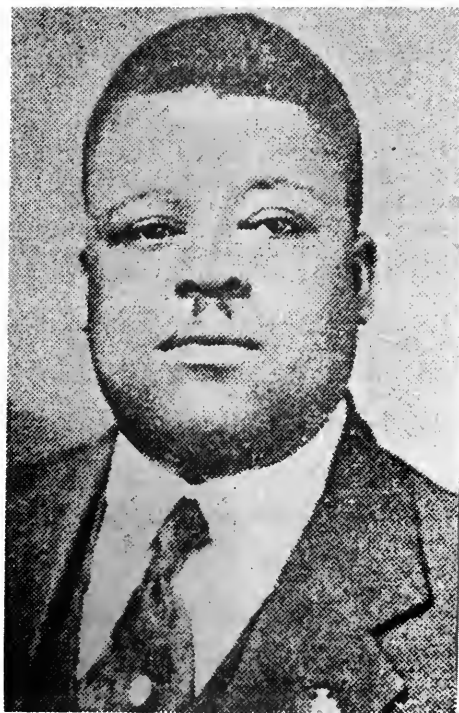
The Volunteer State Medical Association consisting of the colored physicians, dentists, and pharmacists of the state will meet here Thursday, June 18. Dr. S. A. Curren of Knoxville, a Murfreesboro boy and son of John Curren, local Negro business man, is the president of this body.

The highlight of this meeting will be a Public Health program which will be held at Holloway High School at 8 P.M. The public is cordially invited to attend this meeting which will be featured by health talks by Doctors J. B. Black and J. E. Jones, reading by Mrs. Maggie Cheers and music by local talent under the direction of Mrs. J. E. Jones.

The local committee is composed of Doctors E. A. Davis, G. C. Hardin, J. E. Jones, T. C. Wynne, and J. R. Patterson.⁵

Dr. Eugene A. Davis, a black practitioner in Murfreesboro for many years, graduated from Meharry in 1918, initially practiced in Charleston, West Virginia, then came to Murfreesboro and started practicing in 1925. He was president of the Volunteer State Medical Association one year in the middle thirties and was a member of its executive committee. From 1936 to 1939, he was president of the Meharry Alumni Association, was on its executive

⁵Daily News Journal, Murfreesboro, Tennessee, ca. 1934.



Dr. Eugene A. Davis

President

Volunteer State Medical Association

(ca. 1936)

committee, and was the associate director for southeastern Tennessee.

Dr. John A. Alexander graduated from Meharry in 1931 and located in Murfreesboro in 1932.

Dr. J. A. Alexander, colored physician and surgeon of Nashville, will locate in Murfreesboro in Dr. G. C. Hardin's building.

Dr. Alexander is a graduate of Meharry Medical School in Nashville. He has completed twelve months internship at City Hospital No. 2 at St. Louis,⁶ Missouri. He is well prepared to give service.⁶

Dr. Alexander obviously realized the limitations on his practice in Murfreesboro. He must have felt the need to take care of his own patients in a hospital setting. Since he was barred from admission to the staff of Rutherford Hospital, he started a movement to build a hospital for blacks in Murfreesboro.

Work will begin soon on the new Negro hospital which is being built by Dr. J. A. Alexander, Negro doctor of this city who will practice in the new institution.

The hospital which will be on High Street across from Holloway High School will give the appearance of a residence from the outside being constructed of Tennessee stone.

The inside will have four private rooms, two four bed wards, four clinic rooms, laundry, a

⁶Daily News Journal, Murfreesboro, Tennessee, Thursday, July 28, 1932.

recreation room, administration offices, and operating room. Near the building will be a home for the doctors' families and nurses. The rooms will be equipped with the most modern equipment!

But the hospital was never built.

Dr. A. T. Wood, graduate of Cambridge University, England, came to Murfreesboro in 1867 and established his practice at the corner of Lytle and Academy Streets. In addition to his medical practice he was active in politics and was a delegate to the State Republican Convention in 1868. Wood recommended legal aid services for the newly freed slaves but the idea failed to meet the endorsement of others. He was, at one time, a missionary to Africa. When he was practicing in Nashville, in the year after the Civil War, he placed advertisements in the newspaper urging blacks to "patronize (their) own physicians" and identified himself as "a graduate of Cambridge University, late missionary to Africa, and a member of the Indiana Conference." His name does not appear in Venn's Alumni Canterbrigienses or on supplementary lists in the university archives. It is not known how long he remained in Murfreesboro.⁸

⁷Daily News Journal, Murfreesboro, Tennessee, Thursday, February 28, 1935.

⁸James Summerville, Educating Black Doctors: A History of Meharry Medical College (University, Alabama: The University of Alabama Press, 1983), p. 12.

Dr. John Silas Bass graduated at Meharry in 1878, the second commencement that Meharry held. Its first commencement was in 1877 when they graduated one student. Dr. Bass was one of three students graduated at the second commencement. At the commencement he delivered an address on "Our Aim as Physicians."

The question is often asked: "Why do more colored people die in a given period than whites?" Simply because they more frequently violate the laws of health. "Why are they more liable to violate these laws?" Because they have been deprived of men of their race capable of teaching these laws and urging the necessity of observing them. I know that there is a class who say that we will gradually die out, but the medical department of Central Tennessee College is engaged in preparing physicians who in a few years will prove that assertion to be false by decreasing the mortality which is now so great among our people.⁹

He came to Murfreesboro to practice and established himself a hero in the same year by volunteering to fight the yellow fever epidemic in Chattanooga.

It is not known how long Dr. Bass practiced in Murfreesboro but he was here during the 1900 census.

Dr. John B. McClellan graduated from Meharry in 1880 and set up his practice in Murfreesboro where he remained during his entire professional career. In 1928 an article appeared in the Murfreesboro Union:

⁹Summerville, Educating Black Doctors: A History of Meharry Medical College, p. 22.

Dr. John Baptist McClellan, one of the pioneer physicians of the South, of the Meharry College in the year 1880, having been engaged in and around Murfreesboro in his chosen profession 48 years. There are but few doctors living who were here 48 years ago. When Dr. McClellan first engaged in the practice of medicine colored people were as afraid of Negro doctor's medicine as they were of rattlesnakes.

Long since that time a vast difference exists among the colored race. The doctor lives peacefully at his home 460 East State Street, yet engaged in his chosen profession.

He states that he is "not miserably rich, but happily poor."¹⁰

Another article appeared in the Murfreesboro Union in 1950.

On February 22, 1878, when Meharry's first commencement exercises were held, Dr. McClellan as a senior student at Central Tennessee College was planning to enter the medical school in September. He did and two years later (the time required then to get a medical degree at Meharry) he was John Baptist McClellan, M. D. Since that momentous day Dr. McClellan has practiced medicine in the Murfreesboro community.

It is a tribute to his service, to the people of Murfreesboro, and his profession that the administrative committee of Meharry on Commencement day presented Dr. McClellan with a citation that reads:

"To John Baptist McClellan, M. D., as a testimony of the esteem in which he is generally held and because of his contribution to the betterment of the health of his fellow man."¹¹

¹⁰The Murfreesboro Union, Murfreesboro, Tennessee, Saturday, October 13, 1928.

¹¹The Murfreesboro Union, Murfreesboro, Tennessee, Saturday, October 14, 1950.

Dr. McClellan collaborated with another graduate of Meharry in writing a history of Meharry entitled "Holman's Historical Highlights." Dr. Holman was also a graduate of Meharry and was on the teaching staff there for many years. Dr. McClellan retired at the age of 80 and died at age 96 in Murfreesboro.

Dr. George C. Hardin graduated from Meharry in 1900 and came to Murfreesboro to open his practice. He practiced in Murfreesboro until his death in 1932. He was one of the leaders of the black community. He built a medical building on Vine Street which still stands.

Dr. J. C. Waddy, a graduate of Meharry in 1904, came to Murfreesboro and practiced for about two years, then moved to Greensboro, North Carolina.

Dr. John Paschal Hickman graduated from Meharry in 1908, came to Murfreesboro after graduation, and practiced here until about 1927 when he moved back to Nashville and practiced there until his death.

There was a Dr. I. H. King practicing in Murfreesboro in 1909, having graduated from Meharry in 1908. He stayed only a short time.

Dr. Luther R. Johnson graduated from Meharry in 1908 and practiced in Murfreesboro for about two years. He was a classmate of Dr. J. P. Hickman and Dr. I. H. King. They probably came to Murfreesboro together. All three were

practicing here in 1909. He did not stay long and was not listed in Murfreesboro when the AMA Directory of 1912 was published.

Dr. John Henry Hamilton practiced in Smyrna. He graduated from Meharry in 1909 and was listed in the AMA Directory as practicing in Smyrna in 1912. He remained in the Smyrna area practicing until about 1925 when he moved to Louisville, Kentucky.

Dr. J. V. Lemoire had an office at 215½ Vine Street in 1921. It is not known what year he came to Murfreesboro to practice. He is not listed as a graduate of Meharry. This research revealed no information regarding his educational background. He apparently had an extensive practice. Several prescriptions are on record written by him during the early twenties. In 1923 he was convicted of manslaughter charged with performing an abortion, and was sentenced to serve for a term in the penitentiary. An article appeared in the state medical society journal as follows:

A Negro physician of Murfreesboro, Tennessee was found guilty of manslaughter and sentenced to five years in the penitentiary for the alleged offense of performing a criminal abortion on a white woman. If all the talk that is heard concerning the white physicians performing the same operation is half true there should be other doctors answering to a number instead of a name.¹²

¹²Journal of the Tennessee State Medical Association, V. 16 (1923), 271.

Dr. Lemoire served his term in the penitentiary and practiced medicine in Nashville after his release.

Dr. Eugene A. Davis graduated from Meharry in 1918. He originally practiced in Charleston, West Virginia, then came to Murfreesboro in about 1925 where he practiced until his death in 1942. He was very active in the organizations for black physicians. He also was active in scouting and was chairman of the "Murfreesboro Negro Division of the Boy Scout Council of America."

Dr. James Edward Jones graduated from Meharry in 1926, and started practicing in Murfreesboro the same year. His office was on Maple Street and his residence was on Academy Street. He served on the executive committee of the Meharry Alumni Association from 1937 to 1939. He practiced here for many years, and, in the early forties moved to Texas.

Lennora Smallwood Carter graduated from Meharry in 1928 and opened her office in Murfreesboro for the practice of medicine after graduation. She had the distinction of being the first female practitioner of medicine in Rutherford County. An article appeared in the Murfreesboro Union:

Dr. L. S. Carter, the first woman physician to locate in Murfreesboro, is doing a noble practice.



Dr. Lennora S. Carter

First Female Physician in Rutherford County

(1927)

She has made a number of friends who wish for her continued success in the medical field.¹³

The article was a front page article with a photograph of Dr. Carter.

Dr. Vernal W. Cambridge graduated from Meharry in 1940, came to Murfreesboro and practiced a few years, then moved to Michigan.

Dr. Clarence N. Copeland, Jr. graduated from Meharry in 1952 and practiced here for a short time.

The Civil Rights Movement which began in the fifties was beginning to be felt throughout the South. It was in the height of this movement that Dr. William E. Coopwood made a decision to come to Murfreesboro and open his practice. He had been doing general practice in Nashville and assisted in the care of Dr. Patterson, a Murfreesboro dentist, who was recuperating from an illness at a black hospital in Nashville. Dr. Patterson influenced Dr. Coopwood to consider coming to Murfreesboro to practice. He made the decision to come to Murfreesboro and moved here in July, 1961. He applied for staff privileges at Rutherford Hospital which were granted and confirmed by a letter to him from Mr. James R. Arnhart dated July 21, 1961. He had

¹³The Murfreesboro Union, Murfreesboro, Tennessee, Saturday, October 13, 1928.



Dr. William E. Coopwood

First Black Physician on the Rutherford
Hospital Medical Staff

(1961)

First Black Physician Admitted to the Rutherford
County and Stones River Academy of Medicine

(1962)

been approved by the recommendation of the credentials committee and the executive committee of the medical staff and was officially appointed to the active staff with privileges in general practice, effective July 20, 1961. Dr. Coopwood is the first black physician to ever be accepted on the staff of the local hospital. In September, 1961, he received a letter of invitation from the hospital to join the hospital's executive board at a luncheon at Sullivan's Restaurant, the purpose of which was to provide an opportunity for the new doctors, who had become medical staff members during the past year, to meet with the hospital executive board. Dr. Coopwood attended the luncheon and was accepted graciously and cordially at a time when the local restaurants were still segregated. Dr. Coopwood applied for admission to the Rutherford County Stones River Academy of Medicine and he was elected to membership at the meeting of January, 1962. He was the first black physician to ever be elected to the local academy of medicine. Dr. Coopwood practiced in Murfreesboro from 1961 to 1966. During this time he was received with respect from the local physicians. They recognized his training and accepted him as a peer.

Each doctor on the staff of the hospital is required to take emergency room duty in rotation. Dr. Coopwood

chose to take emergency room duty on the medical service. He was asked by the medical service to see only black patients when he was on duty. This was one of only a few episodes of a racist nature which he experienced while practicing here.

The black population in Murfreesboro and throughout the South were mainly people who had menial jobs and little income, who therefore found it difficult to pay a physician for office visits. Although Dr. Coopwood had a reasonable income through his practice, he realized that he could not possibly educate his children as he wanted them educated on the kind of income he was receiving in Murfreesboro from his practice. He therefore elected to leave general practice and join the staff at Veteran's Administration Hospital in Murfreesboro where he was guaranteed a salary which was better than he was receiving in medical practice. He remained at the Veteran's Administration Hospital from 1966 to 1967. He then entered a residency at Vanderbilt University in psychiatry in July, 1967, and finished that residency in 1970. Today he practices in Nashville as a Board Certified Psychiatrist.¹⁴

¹⁴Interview with Dr. William E. Coopwood, October, 1984.

It would seem logical that many of the black physicians who came to Murfreesboro and stayed such a short while had the same experience financially that Dr. Coopwood did. The Civil Rights Law of 1964 guaranteed equal rights for blacks in the fields of voting, public accommodations, public facilities, public education, programs receiving federal aid, and employment. After 1964 the industries began to hire the local blacks as required by law. Their income at that time was increased and they could better afford to pay their bills but prior to that time much of the black practitioner's practice in Murfreesboro would have been charitable.

When Dr. Coopwood left Murfreesboro there were no black physicians here until Dr. George W. Smith came in 1979. He was trained at Meharry, graduating in 1975; he did a preventive medicine and family practice residency at George Hubbard Hospital of Meharry Medical College from 1975 to 1979. He received staff privileges and was also accepted into the county organization the same year. He was joined in practice by Dr. Dennis Carter in 1983. Dr. Carter also completed a residency in family medicine at Meharry.

Dr. Donald Bruce and Dr. Alvin Singh, each of whom finished a residency in obstetrics and gynecology at Meharry, joined the medical staff in 1981. In 1984

Dr. Robert J. Smith became a member of the medical staff at the hospital as a board certified surgeon.

Although it has taken many years for the black physician to take his rightful place of respect by his peers in medicine, he today enjoys the same privileges and rights in his pursuit of medical practice as do all the other physicians.

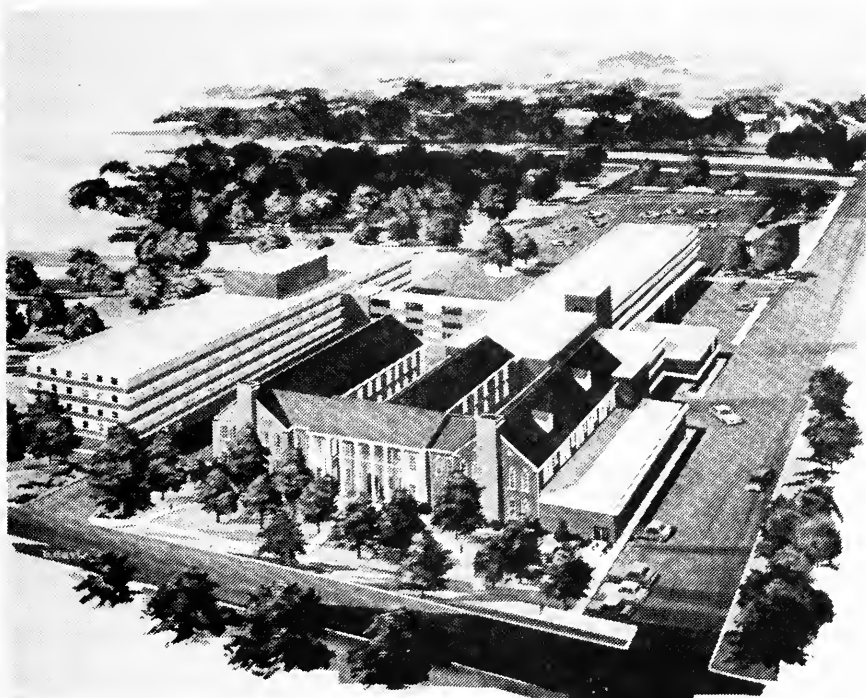
CHAPTER VIII

CONTEMPORARY MEDICAL PRACTICE IN RUTHERFORD COUNTY

The overwhelming crescendo of progress in all aspects of medicine has not been lost in Rutherford County. A rapid spread of specialization has touched our community and we now are fortunate to have practitioners in general, vascular, and thoracic surgery; internal medicine; obstetrics and gynecology; pediatrics; radiology; nuclear medicine; pathology; oncology; dermatology; orthopedic surgery; ophthalmology; otology, rhinology, and laryngology; gastroenterology; urology; cardiology; emergency medicine; and family practice. All practice their art in an exceptionally modern 289 bed hospital staffed by 560 employees under the capable leadership of James R. Arnhart, the administrator. The doctors make every effort to keep abreast in the modern developments in their field by attending post-graduate meetings and developing continuing education programs within the confines of the departmental meetings at the hospital, the hospital staff meetings, and the county medical society.

The Middle Tennessee Medical Center (formerly Rutherford Hospital) provides a complete x-ray department under the direction of radiologists. The x-ray department

encompasses ultrasound and nuclear medicine facilities, a vascular digital computer, and computerized axial tomography (CAT Scan). Its pathology department and laboratory is under the direction of two full time pathologists. A very complete laboratory facility functions. A pharmacy is maintained under the direction of a licensed pharmacist. There is an intensive care unit and a coronary care unit; these units are equipped and staffed so as to insure efficient care in critical phases of illness. Nurses in these units have received post-graduate training in critical care, and the patients are constantly monitored visually and many on a computerized monitor. There is a physical therapy department under the direction of a registered physical therapist. The hospital provides an emergency room with twenty-four hour coverage by physicians specializing in emergency medicine. The gastrointestinal laboratory provides instruments for the accurate study and diagnosis of gastrointestinal disease. The echocardiographic laboratory utilizes sound waves to provide images of the heart and its function through the use of the ultrasound technique. The hospital is approved by the Joint Commission on Accreditation of Hospitals and is a member of the American Hospital Association, Tennessee Hospital Association, Middle Tennessee Hospital Council.



Middle Tennessee Medical Center

1984

(Formerly Rutherford Hospital)

"For the Welfare of Mankind"--these are the words which are engraven in stone over the front doors of the hospital. How well this inscription has been lived up to by the institution since its establishment in 1927 by the Commonwealth Fund of New York. It is written into a record of fifty seven years service that all may read. Much local history is woven into this record, the history of thousands of Rutherford countians, both the sick and the well, who have passed through the doors beneath the stone inscription. The dedication of the medical staff, the nursing staff, the employees and the administration has meshed to produce an outstanding institution of which all Rutherford countians can be proud.

The county has an excellent Public Health Department run by the capable expertise of Dr. Robert Sanders. They have a large staff of full time nurses, health officers, and assistants, and provide in-home service as well as clinic service.

Five licensed nursing homes are operating in the county to provide the ever increasing geriatric care for the elderly. One of these homes provides a skilled care wing and a wing in rehabilitative therapy.

Smyrna has a hospital which was opened to the public in June, 1966, originally a 25 bed institution. In 1977

an addition was built expanding the hospital by 30 beds, making a total of 55. They do no obstetrics at Smyrna Hospital but they do general acute care and they are equipped to do major surgery. An emergency room is maintained in which a doctor is on call twenty-four hours a day. The hospital is not accredited by the Joint Commission on Hospital Accreditation but has made application for their accreditation. The hospital is approved for medicare and medicaid.

A new dialysis center has just opened in Murfreesboro which can provide dialysis for the kidney patients who previously were required to travel to Nashville three times a week for their dialysis therapy. This center operates on an out-patient basis but cooperates with the hospital who may send in-patients for dialysis if such becomes necessary. A nephrologist from Nashville is in charge but a local internist has been delegated to oversee the day by day operation. This center is a valuable addition to medical care in our county.

An oncology center was opened in November, 1984, by Dr. Al-Abdullah, a radiation oncologist; the center has the capability of radiation therapy for cancer. Heretofore patients could only obtain this service in Nashville.

Area Physicians 1980--1984

J. Paul Abernathy (Murfreesboro)	John T. Cunningham (Murfreesboro)
Carl E. Adams (Murfreesboro)	Bernard S. Davison (Murfreesboro)
Harold T. Akin (Murfreesboro)	John H. Dixon (Murfreesboro)
Al-Abdullah, M. Sahib A. (Murfreesboro)	David T. Dodd (Murfreesboro)
James T. Allen (Murfreesboro)	*Paul C. Estes (Murfreesboro--VA)
John H. Alexander (Murfreesboro)	James W. Garner, Jr. (Murfreesboro)
Susan T. Andrews (Murfreesboro)	Sidney C. Garrison, Jr. (Murfreesboro)
Joseph C. Bailey (Murfreesboro)	R. James Garrison (Murfreesboro)
W. Stanley Barham (Murfreesboro)	Sidney L. Gilbert (Murfreesboro)
Timothy J. Beasley (Murfreesboro)	Charles E. Goodman, Jr. (Murfreesboro)
R. Bryan Bell (Murfreesboro)	*Richard E. Green (Murfreesboro--VA)
James L. Boerner (Murfreesboro)	Robert H. Hackman (Murfreesboro)
F. P. Bond (Murfreesboro)	A. E. Harvey (Murfreesboro)
Joseph E. Boone, Jr. (Murfreesboro)	Samuel H. Hay (Murfreesboro)
James T. Box (Murfreesboro)	Charles A. Heffington, Jr. (Murfreesboro)
Donald Bruce (Murfreesboro)	George S. Hester (Murfreesboro)
W. Arthur Bryant (Woodbury)	Robert D. Hollowell (Murfreesboro)
Rodney C. Bryant (Woodbury)	David L. Hudson (Murfreesboro)
Sally H. Bullock (Murfreesboro)	Kenneth D. Hunt (Murfreesboro)
Henry K. Butler, Jr. (Murfreesboro)	*Norton H. Hutchison (Murfreesboro--VA)
Jerry N. Campbell (Murfreesboro)	William J. Jekot (Murfreesboro)
Dennis C. Carter (Murfreesboro)	O. Thomas Johns (Murfreesboro)
S. Frank Carter III (Murfreesboro)	J. Kenneth Kaufman (Murfreesboro)

Area Physicians 1980--1984 (continued)

Douglas W. Kendall (Murfreeseboro)	Robert S. Sanders (Murfreeseboro)
Robert L. Kendall (Murfreeseboro)	Sudha Saraswat (Smyrna)
Joseph C. Knight (Murfreeseboro)	Suresh C. Saraswat (Murfreeseboro)
Robert T. Knight (Murfreeseboro)	William W. Shacklett (Murfreeseboro)
Elizabeth LaRoche (Murfreeseboro)	Alvin R. Singh (Murfreeseboro)
Seung H. Lee (Murfreeseboro)	W. Radford Smith (Murfreeseboro)
Charles W. Lewis (Murfreeseboro)	Charles D. Smith (Murfreeseboro)
Fred R. Lovelace (Murfreeseboro)	George W. Smith (Murfreeseboro)
E. Ray Lowery, Jr. (Murfreeseboro)	Robert T. Smith (Murfreeseboro)
Matt B. Murfree, Jr. (Murfreeseboro)	James A. Starrett (Murfreeseboro)
David T. McKnight (Murfreeseboro)	W. Wade Sutton (Murfreeseboro)
Russell E. Myers (Woodbury)	E. C. Tolbert (Murfreeseboro)
Frederick J. Myers (Woodbury)	*James W. Tenpenny (Murfreeseboro--VA)
James A. Nunnery (Murfreeseboro)	Robert P. Tuma (Murfreeseboro)
Eugene P. Odom (Murfreeseboro)	Raymond E. Turek (Smyrna)
Stephen G. Odom (Murfreeseboro)	Thomas D. Turner (Murfreeseboro)
Socrates Pinto (Smyrna)	B. Paul Turpin, Jr. (Murfreeseboro)
Jerry E. Puckett (Smyrna)	Barton W. Warner (Murfreeseboro)
Robert G. Ransom (Murfreeseboro)	Wayne Westmoreland (Murfreeseboro)
Richard A. Rogers (Murfreeseboro)	Olin O. Williams (Murfreeseboro)
Leon L. Reuhland (Woodbury)	Terry J. Witt (Murfreeseboro)
Randall C. Rickard (Murfreeseboro)	Herbert R. Wolf (Woodbury)
Daniel Rudd (Murfreeseboro)	J. Howard Young, Jr. (Murfreeseboro)

*Only those Veterans Administration Hospital physicians who affiliated with the Rutherford County Stones River Academy of Medicine are listed.

The in-home health services which are available now allow nurses to evaluate and treat patients in their homes who otherwise would need to travel to the physician's office via ambulance for treatment. This also allows closer monitoring of the patient's progress which they report to the patient's physician. The nurses are professionally trained and can recognize problems which might need the attention of the physician.

With the new concept of hospice care more active in Rutherford County, the terminal patients can remain at home and receive support and therapy through this organization; this allows the patient to receive the comfort and support of his family in familiar surroundings during the terminal stages of his disease.

The Rutherford County Ambulance Service, with its professionally trained people in emergency care and cardiopulmonary resuscitation, works in tandem with the modern emergency room capabilities of the Middle Tennessee Medical Center where a physician specializing in emergency medicine can relay advice to the ambulance personnel via two way radio while the ambulance is in route to the hospital.

There are still some areas of medicine and surgery in which the physician in Rutherford County must still refer the patient to a larger center in Nashville but Rutherford

County's medical community has been so progressive in developing and applying modern medical techniques that the vast majority of medical problems can receive proper treatment in their own community.

The modern health care delivery system enjoyed today in Rutherford County has been the result of cooperation and dedication on the part of hundreds of medically oriented people; the doctors, the hospital administration, the nursing service, the public health department, the ancillary medical services, and social service workers have all cooperated over the years to produce an outstanding system. This system will not be static. It must, by its very nature, constantly change as the knowledge in medicine changes, and adapt itself to new concepts, advancing technical capabilities, and will be driven continually to keep abreast of the advancements in medicine. With such direction Rutherford County's medical community will continue to advance as the field of medicine advances.

American scientists and clinical investigators are at the forefront in the advances in medicine, occupying a position of major importance in education and training for both practice and research. The American public health workers and medical practitioners successfully apply the discoveries of such researchers for the prevention and treatment of disease.

So what lies ahead?

Soon this century's ideas and activities will be reviewed by the next century's historians and scientists--with occasional admiration, we hope; with amused tolerance, perhaps; with astonished dismay, in all likelihood. But we need feel no embarrassment, because each period will take its turn being evaluated by its successors. We enter the future facing backward, seeing all the road on which we have just traveled. We would do well to view today's medicine as merely a marker from the past and future.¹

¹Albert S. Lyons, M. D., and R. Joseph Petrucelli II, M. D., Medicine--An Illustrated History (New York, N. Y.: Harry N. Abrams, Inc., 1978).

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